

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18064
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Levellie Rural Primary Registration District No. 5501A
 (c) City or Clinton (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 24 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alberting C Hopkins

(a) Residence, No. P. R. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Albore Hopkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

FATHER 13. NAME Samuel B Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood Virginia

MOTHER 15. MAIDEN NAME Mary J George

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentz Co Mo

17. INFORMANT (ADDRESS) Rella Hopkins Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rebo cem DATE 5-7-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Welhiser Clinton Mo

20. FILED May 7, 1942 Georgia Kitchener Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1935, 19____, to May 6, 1942, 19____. I last saw him alive on Apr. 28, 1942 19____. Death is said to have occurred on the date stated above, at 1:50 p.m.. The principal cause of death and related causes of importance were as follows:

Cerebral Embolism 4/11/42
 Auricular Fibrillation _____
 Mitral Disease _____
 Thrombosis Tibial Artery right leg 4/24/42

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) E. C. Peeler M.D.
 (Address) Clinton, Mo. May 7, 1942

SEARCHED INDEXED
SERIALIZED FILED
JUN 10 1942

RECEIVED

District Health Officer No. 7,

District File Number 6-42-583

Date Filed 6-8-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Fred W. Winkler*

Licensed Embalmer No. 2478

P. O. Address Clinton, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.