

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. / (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Effie Sides

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Dan Sides 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 8 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Months \_\_\_\_\_ Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Francois Cty Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation employee of Hospital # 4

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Eli David Hopkins /  
13. Birthplace Penn. /  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Mason  
15. Birthplace Penn. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Trotter  
(b) Address Farmington, Mo.

17. (a) b (b) Date thereof 6-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K of P.  
(e) Signature of funeral director C. H. Cozean

(b) Address Farmington, Missouri

19. (a) 6-20-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1946 hour 6 minute 33 M.

21. I hereby certify that I attended the deceased from June 19  
1946 to June 19 1946

that I last saw her alive on June 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 2 1/2 hrs

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 720 1200

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature L. M. Shaw (M. D. or other) 20

Address Farmington, Mo. Date signed 6/20/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Health Officer No. 4  
District File Number 246-2341  
Date Filed 2-10-46

**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 *C. A. Cozart*  
Licensed Embalmer No. *4084*  
P. O. Address *Farmington, Mo.*

**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, fact should be so stated above.**