

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

**42836**  
 Do not use this space.

**1. PLACE OF DEATH**  
 (a) County Buchanan Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001 Registered No. 1314  
 (c) City St. Joseph (d) Street No. 2221 N. 4th St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 14 yrs. mos. - da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** 150 Emma Estella Hope  
 (a) Residence, No. 2221 N. 4th St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Charley L. Hope  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 28, 1886.  
**7. AGE** YEARS 53 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.  
**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** At Home  
**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**  
**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Andrew County Missouri  
**FATHER**  
**13. NAME** Franklin Blanchard  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown New York  
**MOTHER**  
**15. MAIDEN NAME** Elizabeth Jones  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Unknown  
**17. INFORMANT** Charley L. Hope  
 (ADDRESS) 2221 N. 4th Str. St. Joseph, Mo.  
**18. BURIAL, CREMATION, OR REMOVAL** Fairview Cent.  
 PLACE Near Rosendale, Mo. DATE Dec. 24, 1939  
**19. FUNERAL DIRECTOR (NAME)** H. O. Sidenfaden & Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.  
**20. FILED** 12/26/39, 1939 H. J. [Signature] Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** December 22, 1939  
**22. I HEREBY CERTIFY, That I attended deceased from** viewed  
Dec 22nd, 1939, to....., 19.....  
 I last saw h. #34###, 19..... Death is said to have occurred on the date stated above, at 11:20 AM  
 The principal cause of death and related causes of importance were as follows:  
Diabetes (Sugar)  
 Date of onset  
54  
 Other contributory causes of importance: none  
 Name of operation..... Date of.....  
 What test confirmed diagnosis History Was there an autopsy? no  
**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) P. W. Tadlock 4 **Coroner M. D.**  
 (Address) King Hill Bldg

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.

**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 *Robert P. Clarkson*

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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, above space should be left blank.**