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FILED OCT 12 1940

Registration District No. **125**

Primary Registration District No. **5009**

Registrar's No. **319**

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

1. PLACE OF DEATH:

(a) County **Cape county**

(b) City or town **Cape Girardeau.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether)

In this community **Years**
years, months or days

3. (a) PRINT FULL NAME **MARY A. YOPE**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph T. Yope** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Jan. 6, 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	8	12	hr. min.

9. Birthplace **Bloomfield** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER {

12. Name **Howard Presley**

13. Birthplace **Tennessee** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Tennessee** (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph T. Yope**

(b) Address **Bloomfield, Missouri**

17. (a) **Burial** (b) Date thereof **Sept. 20, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bloomfield cemetery**

18. (a) Signature of funeral director **Chiles Und, Co.**

(b) Address **Bloomfield, Missouri**

19. (a) **9-20-40** (b) **Jim Thompson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Stoddard**

(c) City or town **Bloomfield, Missouri.**
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **18**
year **1940** hour **9** minute **30A.** M.

21. I hereby certify that I attended the deceased from **Aug. 15**
19 **40**, to **Sept. 18** 19 **40**.
that I last saw her alive on **Sept. 18** 19 **40**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Myocarditis** **40 yrs.**

Due to _____

Other conditions **acciden** **37 mos.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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? _____

23. Signature **Frank W. Hall** (Specify type of place) (e) Means of injury
Address **Cape Girardeau** Date signed **9-20-40**

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.....

Juan B. Cooper

Licensed Embalmer No. **4119**.....

P. O. Address **Bloomfield, Mo.**.....

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

If this body is not embalmed, fact should be so stated above.