S. No. 2
—4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10436

Primary Registration District No. 3009

Registrar's No. 87.

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

016
1
4

1. PLACE OF DEATH:

(a) County Cape Girardeau.

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

(c) Name of hospital or institution: 316 No. Pacific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 years / years, months or days)

2. USUAL RESIDENCE OF DECEASED: 016 1 4

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 316 No. Pacific St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? + 0 years.

3. (a) PRINT FULL NAME MERTIE HOPE

3. (b) If veteran, name war X

3. (c) Social Security No. 490-05-7318

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May (Month) 9 (Day) 1880 (Year)

8. AGE: Years 61 Months 10 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Oak Ridge (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business Dry Goods and Ready to Wear

FATHER
12. Name Oliver Harris Hope
13. Birthplace Sikeston (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Emily B. Howard
15. Birthplace Oak Ridge (City, town, or county) 0 (State or foreign country)

16. (a) Informant Miss Ettie Hope

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walthers Und. Co

(b) Address Cape Girardeau Mo

19. (a) 3-17-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 16 year 1942 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 5, 1942, to Mch 16, 1942 that I last saw her alive on Mch 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to ?

Due to

Other conditions Anasarca
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Pancreas

Of autopsy

Duration

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

23. Signature Carl A. W. Timmermann (M. D. ~~or other~~)

Address 222 N. Michelle - Cape Date signed 3-17-42

#P

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 442 - 503

Date Filed 4 - 15 - 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 J. H. Hohler

Licensed Embalmer No. 1623

P. O. Address Cape Girardeau 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.