. S. No. 2
M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20839

State File No.

Registration District No. 124 Primary Registration District No. 5179 4076 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson Twp Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson 16
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME David Clay Hope
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie K. Hope
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept (Month) 12 (Day) 1861 (Year)

8. AGE: Years 80 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Shawneetown Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Oliver H. Hope
13. Birthplace Perry County Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Howard
15. Birthplace Cape Girardeau Co. Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Howard Cook
(b) Address Shuffer Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Kissell Heights Cemetery
18. (a) Signature of funeral director McCombs Furn & Und Co
(b) Address Jackson Mo
19. (a) June 8 1942 (Date received local registrar) (b) H. L. Keaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Sixth year 1942 hour One minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 10, 1941, to June 6, 1942 that I last saw him alive on June 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	48 hrs
Due to Hypertension	5 yrs.
Due to Arterial Sclerosis	8 yrs.
Other conditions Vincents Angina (Include pregnancy within 3 months of death)	2 wks.

Major findings:
Of operations
Of autopsy 32 p 3

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature T. Eugene Ruff (M. D. or other) M.D.
Address Jackson Mo. Date signed 6-6-42

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 742-8873
Date Filed 7-10-42

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 B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.