

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 8 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9850

State File No. ....

Registration District No. 51

Primary Registration District No. 5182

Registrar's No. 12

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Rural Shannon Twp.  
(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 Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Cape Girardeau  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME JAMES ROBERT HOPE  
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 10 year 1943 hour 4 minute P M.  
21. I hereby certify that I attended the deceased from Jan 1 - 1942 to March 10 1943  
(That I last saw h. .... alive on ..... 19.... and that death occurred on the date and hour stated above.)

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Thompson Hope 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Dec 28, 1873  
(Month) (Day) (Year)

Immediate cause of death Pulmonary (Oedema).  
Due to Chronic myocarditis with decompensation  
Due to .....

8. AGE: Years 69 Months 2 Days 12 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 938  
Of autopsy .....

9. Birthplace Pocahontas Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business .....

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?  
While at work? ✓ (Specify type of place) (e) Means of injury ✓  
23. Signature Thomson (M.D. or other)  
Address Jackson Mo Date signed 3-12-43

MOTHER FATHER  
12. Name Thomas S. Hope  
13. Birthplace Pocahontas Mo (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Baldrige  
15. Birthplace Leeson Mo (City, town, or county) (State or foreign country)  
16. (a) Informant James T. Hope  
(b) Address Jackson P. F. D. 1  
17. (a) Burial (b) Date thereof Mar 12 1943 (Month) (Day) (Year)  
(c) Place of burial or cremation Apple Creek Cemetery  
18. (a) Signature of funeral director W. Miller  
(b) Address Jackson  
19. (a) 3-12-1943 (Date received local registrar) (b) Henry W. Pugh (Registrar's signature)

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

100-000

RECEIVED

District Health Officer No. 4  
District File Number 443-2010  
Date Filed 4-7-43

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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 Gene C. Crockett

Licensed Embalmer No. 4327

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.