

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11295**
Registrar's No. **243**

FILED APR 7 1943
Registration District No. **1943**

Primary Registration District No. **6075**

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

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Farmington, RURAL, St. Francois**
(If outside city or town limits, write "RURAL" and name of townships)

(c) Name of hospital or institution:
Mo. State Hospital No. 4

(d) Length of stay: In hospital or institution **39 yr 7 mos 10 das**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne Co**

(c) City or town **Unknown**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **DAVID A. HOPE**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **None**

6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **About 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 6 1/2 hr. min.

9. Birthplace **Wayne Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Records State Hospital No. 4**

(b) Address **Burial Farmington, Missouri**

17. (a) (Burial, cremation, or removal) (b) Date thereof **3 24 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hosp. Cem. Farmington,**

18. (a) Signature of funeral director **Charles Richardson**

(b) Address **Farmington, Missouri**

19. (a) **Mar 30 - 1943** (b) **Byrdie Buchmeister**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22**
year **1943** hour **4** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **March 6, 1942** to **March 22, 1943**
that I last saw him alive on **March 22, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the Pancreas**

Duration **do not know**

Due to _____

Due to **H6g**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Carcinoma of head of pancreas with secondary metastasis in lungs.**

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? **No**

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

23. Signature **Francis Nichols** (M. D. _____)

Address **Farmington, Mo.** Date signed **3-24-43**

RECEIVED

District Health Officer No. 4
District File Number 443-1966
Date Filed 4-5-43

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..... *Chas Richardson*

Not Embalmed.

Licensed Embalmer No..... 3167

P. O. Address..... Farmington, 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.