S. No. 2
M—1-4-41
v. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14698

Registration District No. 830 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community about 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston Mo. 100
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gertrude Mae Cope
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F.M.
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willis C. Cope
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 15 (Month) 27 (Day) 1900 (Year)

8. AGE: Years 44 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Marquand (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Henry Call
13. Birthplace Bollinger Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Dona Rhodes
15. Birthplace Bollinger Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Willis C. Cope
(b) Address Sikeston Mo R2 Bx 14C
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo
18. (a) Signature of funeral director John Attritton
(b) Address Sikeston Mo.
19. (a) 3/14/45 (Date received local registrar) (b) Louie Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year 1945 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from 3-1 1945 to 3-2 1945
that I last saw him alive on 3-2 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Carditis	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. M. Waters (M. D. ~~or other~~)
Address Sikeston Mo Date signed 3-2-45

(Licensed Embalmer's Statement on Reverse Side)

1319

RECEIVED
District Health Office No. 2,
District File Number 45-605
Date Filed 4/14/45

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 Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Sedalia 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.