S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8177

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 110

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU.
(b) City or town CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 344 No. HENDERSON.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County CAPE GIR.
(c) City or town CAPE GIRARDEAU.
(If outside city or town limits, write "RURAL")
(d) Street No. 344 No. HENDERSON
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET A. HOPE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV - 23 - 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	4	5	hr. min.

9. Birthplace ST. LOUIS, (City, town, or county) Mo (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HOME
FATHER 12. Name ALEXANDER G. ANDERSON
13. Birthplace LA GRANGE Co. KY. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY ROBERTS
15. Birthplace SPORTA TENN. (City, town, or county) (State or foreign country)
16. (a) Informant OLIVER A. HOPE
(b) Address CAPE GIRARDEAU.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director Walthers And Co
(b) Address Cape Girardeau Mo
19. (a) 4-4-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1947 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 1947, to March 1947, that I last saw her alive on Mar 28 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, Bronchial.	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes - Cystitis	4 mos.
Major findings: Of operations None	
Of autopsy None	

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) 0
While at work? (e) Means of injury
23. Signature Frank Hall, M.D. (M. D. or other)
Address Cape Girardeau Date signed 4-2-47

74 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 447-478
Date Filed 4-7-47

JUL 6 1948

JUN 15 1948

DEC 22 1953

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 Virgil Hatch

Licensed Embalmer No. 4102

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.