

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1947

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **1049**

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

11
7

1. PLACE OF DEATH:

(a) County **Buchanan**

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

(c) Name of hospital or institution: **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 weeks**
1 year (Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Mary Elizabeth Sopher**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female** **5. Color or race** **White**

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

6. (b) Name of husband or wife **Claude Sopher**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 6, 1894**
(Month) (Day) (Year)

8. AGE:

Years 53	Months 0	Days 21	If less than one day
			hr. min.

9. Birthplace **West Plains, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nurse**

11. Industry or business _____

MOTHER FATHER

12. Name **George Bootman**

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

14. Maiden name **Mary E. Goodenough**

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

16. (a) Informant **Alma Bootman**

(b) Address **205 E. Colorado Ave.**

17. (a) Removal **Removal** **(b) Date thereof** **Aug. 31, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Cassville, Mo.**

18. (a) Signature of funeral director **Thomas Clark Montgomery**
3025 King Hill Ave.

(b) Address _____

19. (a) 9-3-47 **(b) E. B. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **205 E. Colorado**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **28**
year **1947** hour **6** minute **10 P.**

21. I hereby certify that I attended the deceased from **August 20**, 19**46**, to **August 29**, 19**46**,
that I last saw h^{er} alive on **Aug. 28**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **generalized pulmonary tuberculosis**

Due to **Ca. of Cervix**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Ca. of Cervix**

Of operations: _____

Of autopsy: **48 P**

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. R. Montgomery** (M. D. or other) _____
Address **4720 N. 8th St** **St. Joseph, Mo.** **Date signed** **8-29-47**

Duration

**7 days
1 year**

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 15 1947
OCT 28 1947

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.....

Max E. Meyer

....., Registered Apprentice No. *49*.....

working under my personal supervision.

Signed..... *E. J. Clark*.....

Licensed Embalmer No. *4225*.....

P. O. Address *St. Joseph 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.