. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1947

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 26992

Registrar's No. 268

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: South East Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape 6
(c) City or town Cape Gir Mo 4
(If outside city or town limits, write "RURAL")
(d) Street No. 614 Good Hope O
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herman William Pope

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

6. (a) ~~Single, widowed, married,~~ divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 29 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER
12. Name Christian Pape
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Johanah Kustin 4
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Chas Pape
(b) Address Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount

18. (a) Signature of funeral director Joe G. Hurell
(b) Address Cape Gir Mo.

19. (a) 9-5-47 (Date received local registrar) (b) C. C. Crammer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1947 hour 10 & 15 minute P. M.

21. I hereby certify that I attended the deceased from 8 Aug 1947 to 27 Aug 1947 that I last saw him alive on 27 Aug 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocardial failure	12 hrs.
Due to: Chronic myocarditis 93 D	several yrs.
Due to: Chronic Aortic Valvular Disease	several yrs.
Other conditions (Include pregnancy within 3 months of death): Uremia, moderately severe, secondary to prostatic obstruction and chronic pyelonephritis	PHYSICIAN 13 Let.
Major findings: Of operations: chronic prostatic hypertrophy & obstruction	Underline the cause to which death is charged statistically.
OPERATION (Date of operation) Intravesical prostatectomy on 25 AUG. 47.	

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 Seth S. Barnes (M. D. or other)
Address 630 Good Hope St Cape Girardeau, Mo. Date signed 6 Sept 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 947-1166

Date Filed 9-8-47

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.