

No. 2  
M-5-43  
5-17-39  
I x36871

FILED FEB 11 1948  
Registration District No. 90

Primary Registration District No. 3002

State File No. \_\_\_\_\_  
Registrar's No. 28

1. PLACE OF DEATH:  
 (a) County Audrain  
 (b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1002 W. Harwood  
(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 10 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Audrain  
 (c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1002 W. Harwood  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Claris M. Hope  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 486-309796  
 4. Sex female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mathew Hope  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased March 18 1897  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 7  
 year 1948 hour 11 minute 15 A.M.  
 21. I hereby certify that I attended the deceased from July  
 \_\_\_\_\_, 1944, to Feb 7, 1948  
 that I last saw her alive on Feb 6, 1948  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
50 10 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Endocarditis & myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None  
\*Include pregnancy within 3 months of death

9. Birthplace Bordeaux France  
(City, town, or county) (State or foreign country)  
 10. Usual occupation housewife

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

11. Industry or business unknown  
 12. Name \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_  
 14. Maiden name unknown  
 15. Birthplace \_\_\_\_\_  
 16. (a) Informant Mathew Hope  
 (b) Address Mexico, Mo.  
 17. (a) burial (b) Date thereof 2-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood Cemetery  
 18. (a) Signature of funeral director Earl E. Oswald  
 (b) Address Mexico, Mo.  
 19. (a) 2/7/48 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ Means of injury 2  
 23. Signature John A. Cresser (M. D. or other) Do  
 Address Mexico Mo Date signed 1-7-1948

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

4  
1  
2

RECEIVED  
District Health Officer No. 1  
District File Number 24827  
Date Filed FEB 10 1948

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 Carl E. Pruch

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.