

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11547

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>387</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1704 Jules Street</u>				d. STREET ADDRESS (If rural, give location) <u>1704 Jules Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Hope</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4/ 7/1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9/8/1846</u>	
9. AGE (In years last birthday) <u>102</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bath Co., Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Peters</u>			13b. MOTHER'S MAIDEN NAME <u>Francis Giltner</u>			14. NAME OF HUSBAND OR WIFE <u>John C. Hope</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Ophelia Hope</u>		ADDRESS <u>1704 Jules</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis, ventral</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Valvular insufficiency</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>42</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1946</u> , to <u>April 7, 1949</u> , that I last saw the deceased alive on <u>4/6, 1949</u> , and that death occurred at <u>4:40 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. F. Mundy M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Joseph, Mo. 404 So 3d. St.</u>		23c. DATE SIGNED <u>4/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 11, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester Bowman Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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

W. M. Mendenhall

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William Spaulding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *319 S. 10th St. Wash*.....

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.