

REC'D APR 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11573  
Do not use this space

1. PLACE OF DEATH  
(a) County New Madrid Registration District No. 55-62-62  
(b) Township Audersoy Primary Registration District No. 40-83 Registered No. 10  
(c) City \_\_\_\_\_ (d) Street No. 1298 St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME RANSO POPE 100  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Pope  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 11 24  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) Jan 19 - 1936  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria -

FATHER 13. NAME Tom Pope

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria -

MOTHER 15. MAIDEN NAME Delia Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria -

17. INFORMANT (ADDRESS) Harley Pope  
Golden no

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoufflet DATE Mar 19 1938

19. FUNERAL DIRECTOR (ADDRESS) Joy Russell  
Peggett art

20. FILED April 10 1938 M U Munn  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27 1938  
22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1938 to Mar 27 1938  
I last saw him alive on Mar 24 1938 Death is said to have occurred on the date stated above, at 9/45 am.  
The principal cause of death and related causes of importance were as follows:

Apoplexy and  
Enginerma caused by Paralysis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Chemist Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? None  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) M U Munn, M. D.  
(Address) Golden no

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**