

REC'D MAY 18 1939

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

14567
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton 2 Registration District No. 174
 (b) Township Bellevue 1 Primary Registration District No. 524 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

100 Margaret Elizabeth Pope
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Low Pope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1853

7. AGE YEARS 83 MONTHS 3 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

FATHER 13. NAME Samuel Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Margaret E Sprinkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bon Ohio Kentucky

17. INFORMANT (ADDRESS) Low Pope
Marcelline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Locke Ave DATE Apr - 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James McLaughlin
Marcelline Mo

20. FILED May 1 1939 W. D. Stratton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 12 - 1939

I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 15, 1934
 I last saw her alive on March 15, 1934 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Mitral Insufficiency
 Other contributory causes of importance Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) V. J. Patrick, M. D.
Marcelline Mo (Address) 162

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.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED
District Health Officer No. 8,
District File Number
5/13/39
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.