

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.

AUG 14 1939

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

25445
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218

(b) Township Boonville Primary Registration District No. 3015- Registered No. 81

(c) City Boonville or (d) Street No. St. Joseph Hospital 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.

2. PRINT FULL NAME Theodore Harry Pope

(a) Residence, No. Boonville St. Missouri

(Usual place of abode, if no street address, write county or city) (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 <u>Vira Pope</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29 1895</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>1</u>
		DAYS
		<u>15</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Electrician</u>	
	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).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN)..... <u>Sedalia Missouri</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>W. M. Pope</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Illinois</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Saraa Lhisch</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Wisconsin</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs Albert Cassing</u> (ADDRESS) <u>Sedalia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Sedalia Mo.</u> PLACE <u>Crown Hill Cem.</u> DATE <u>7-15</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Ernest Sillerup</u> (ADDRESS) <u>Sedalia Missouri</u>		
20. FILED <u>7-14</u> 19 <u>39</u> <u>D. Cooper</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 - 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11 1939 to July 13 1939

I last saw him alive on July 13 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pulmonary tuberculosis, bilateral

Date of onset 3 yrs +

Other contributory causes of importance:

Myocarditis, chronic

Subicular fibrillation

? 2 days

Name of operation None Date of.....

What test confirmed diagnosis? clinical 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? Yes

If so, specify.....

(Signed) H. L. Bern, M. D.
Bonville Mo.

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RECEIVED
District Health Officer No. 8,
District File Number 81839
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.....

L E Boulton

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

L E Boulton

Licensed Embalmer No. 9847

P. O. Address Seulalia 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, above space should be left blank.