

39 AUG 9 1939  
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MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

25509  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Douglas Registration District No. 1061  
 (b) Township Miller Primary Registration District No. 5355 Registered No. ....  
 (c) City ..... or ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Burley T. Pope  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 MATTIE POPE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 19 - 1875

7. AGE YEARS 63 MONTHS 8 DAYS 12 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER

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) MAY 31 - 1939 11. Total time (years) spent in this occupation 1.5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MEMPHIS TENN.

FATHER 13. NAME SAM W. POPE

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

MOTHER 15. MAIDEN NAME SARAH S. HAWKINS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

17. INFORMANT J. C. POPE  
 (ADDRESS) MT GROVE MO.

18. BURIAL, CREMATION, OR REMOVAL com.  
 PLACE PRairie Hollow DATE JUNE 5 1939

19. FUNERAL DIRECTOR (NAME) F. A. STOFFE  
 (ADDRESS) MANSEFIELD MO.

20. FILED July 5 1939 S. McWhites  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 31 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h. .... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:15 m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
(death was sudden) and  
without medical aid  
 Date of onset 8:15

Other contributory causes of importance:  
Suffered a slight Hemorrhage  
3 months ago

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Chas. Climbhamband Coroner  
 (Address) Red me

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**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

*A. A. Steffe*

Licensed Embalmer No. *3221*

P. O. Address *Marion, 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.