

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 10021

Registration District No. 4

Primary Registration District No. 5004

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Gibbo Rural
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 72 yr.
 years, months or days

8. (a) PRINT FULL NAME Thomas Pope
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary E. Shaper Pope
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 6 1867
 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 6
 If less than one day _____ hr. _____ min.

9. Birthplace Adair Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Thomas Pope
 { 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Jane Pinkerton
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Velma Moyer
 (b) Address Rushville Mo. R.R.

17. (a) Pinkerton (b) Date thereof 3-23-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pinkerton bent

18. (a) Signature of funeral director Dee Riley
 (b) Address Rushville Mo.

19. (a) 3-23-40 (b) Spencer L. Freeman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Gibbo Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
 year 1940 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Mar 18th
 1940 to Mar 21st 1940
 that I last saw him alive on Mar 21st 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia (lobar) 4 days
Myocardial infarction

Due to _____
 Due to _____
 Other conditions Influenza
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

3 _____ (Specify type of place)
 While at work? _____ (a) Means of injury _____

23. Signature Geo. F. Sussel (M. D. or other)
 Address Rushville Date signed Mar 22nd

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

RECEIVED

District Health Officer No. 10

District File Number 4-40-858

Date Filed APR 16 1940

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.