No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15220

State File No.

Registration District No. 420 Primary Registration District No. 3022 Registrar's No. 42

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

50
2
2

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto Valle
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 519 Cedar St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in Hospital (Specify whether 0

In this community 53 Years 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto
(If outside city or town limits write "RURAL")

(d) Street No. 519 Cedar Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Charles Leonard Pope 100

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Hoff

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. (Month) 8 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	26	hr. min.

9. Birthplace DeSoto (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Teamster 0

11. Industry or business 0

FATHER
12. Name George Pope
13. Birthplace DeSoto (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Jane Maness
15. Birthplace DeSoto (City, town, or county) Mo. (State or foreign country)

16. (a) Informant George Pope
(b) Address 519 Cedar St DeSoto Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, DeSoto 381

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto Mo.

19. (a) 5-9-40 (Date received local registrar) (b) Jeneva Donnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1940 hour 5 minute 50A M.

21. I hereby certify that I attended the deceased from 3/11, 1940, to April 3, 1940
that I last saw him alive on March 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage unknown

Due to Gen arteriosclerosis unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 88 W

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas E Fallick (M. D. or other)

Address DeSoto Mo Date signed 4-5-40

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 3531

P. O. Address DeSoto

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.