DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18319

State File No.

FEB JUN 24 1940

Registration District No. 288

Primary Registration District No. 4172

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo G.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) One Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Gen Delivery
(If rural, give location)

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

3. (a) PRINT FULL NAME Hubert Jackson Pope 100

3. (b) If veteran, name war —

3. (c) Social Security No. 491-160561

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nell Alice Pope

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased April (Month) 29 (Day) 1890 (Year)

8. AGE: Years 50 Months — Days 17 If less than one day ___ hr. ___ min.

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

10. Usual occupation P W A Labor

11. Industry or business

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

MOTHER
14. Maiden name Delia Cook
15. Birthplace Harnersville (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Nell Alice Pope
(b) Address Kennett Mo G.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Harnersville Cem

18. (a) Signature of funeral director C C Lansdell
(b) Address Kennett Mo

19. (a) 6-4-1940 (Date received local registrar) (b) Wheeler Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1 day 15th year 1940 hour 9 30 minute A M.

21. I hereby certify that I attended the deceased from Jany. 3-1940, 19__, to May 15, 1940 that I last saw him alive on May 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to

Due to 131

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

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: no

(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? 261 (Specify type of place)

While at work? (e) Means of injury

23. Signature Wheeler Davis (M. D. or other)

Address Kennett Mo Date signed 5.16.40

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X19511

RECEIVED 113
District Health Officer No
District File Number 640-
Date Filed 6/12/4

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.