

Registration District No. 1940 73

Primary Registration District No. 3006

Registrar's No. 245

1. **PLACE OF DEATH:** Boone  
 (a) County Boone  
 (b) City or town Columbia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: No  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community Feb'y 4<sup>th</sup> 1925 (Specify whether years, months or days) 2

2. **USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Boone  
 (c) City or town Columbia  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. 1304 E Broadway  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? Life years.

3. (a) **PRINT FULL NAME** Lilla Pope FRENCH  
 (b) If veteran, name war No  
 3. (c) Social Security No. No

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month November day 13<sup>th</sup>  
 year 1940 hour 6:15 minute 7 M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Edward FRENCH  
 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased June 28 1855  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 12, 1940 to Nov 13, 1940  
 that I last saw him alive on Nov 13, 1940  
 and that death occurred on the date and hour stated above.

8. **AGE:** Years 85 Months 4 Days 15  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Occlusion  
 Due to Arteriosclerosis  
 Due to \_\_\_\_\_

9. Birthplace New York City N. Y.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation None

Other conditions MI  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Henry Freeman Pope  
 13. Birthplace Boston MASS  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARtha ANN MEAD  
 15. Birthplace New York City N. Y.  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Dr. Florence L. Gumbert  
 (b) Address 1304 Broadway  
 17. (a) Removal (b) Date thereof Nov. 16, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Derby, Conn.  
 18. (a) Signature of funeral director A. O'Connell  
 (b) Address Columbia Mo.  
 19. (a) Nov. 14, 1940 (b) Allie Selby  
 (Date received local registrar) (Registrar's signature)

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?  
74 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury 3  
 23. Signature R. V. Redman (M.D. or other) NO  
 Address Columbia Mo. Date signed 11/13/40

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

**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. 3183  
working under my personal supervision.

Signed *R. W. [Signature]*

Licensed Embalmer No. 3183

P. O. Address *Alameda*

**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.**