

D. 2
13-40
7-39
X23159

FEB 18 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1113

State File No. _____

73

Registration District No. 395

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3310 East 49th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 Years
years, months or days)

3. (a) PRINT FULLNAME Florence Pope

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Pope

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 8 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 0 25 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William H. Cubina

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wyrum

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant William Pope

(b) Address 3310 East 49th Street

17. (a) Burial (b) Date thereof Jan 6-1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int Monah

18. (a) Signature of funeral director Mrs. C.R. Foster

(b) Address 918 Broadway

19. (a) Jan 6 1949 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 3310 East 49th Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 rd.
year 1941 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from May 10
1940, to Jan 3, 1941;
that I last saw her alive on Jan 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis

Due to Hepatic cirrhosis

Due to 12413

Other conditions Died with gastric hemorrhage shock -
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

Duration
7 mo
7 mo

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) no

(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? _____

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

23. Signature N. E. Speer (M. D. or other) _____
Address 3204 Coleman Kew Date signed 1-3-41

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.....

working under my personal supervision.

Signed.....

David C. Browning

Licensed Embalmer No. *2724*

P. O. Address *N. C. 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, fact should be so stated above.