

**FILED AUG 10 1941**  
 Registration District No. **399**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:** Jackson

(a) County.....  
 (b) City or town..... **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1018 Vine**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... **22 years** (Specify whether  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County..... **Jackson**  
**Kansas City**  
(If outside city or town limits, write "RURAL")  
 (c) City or town.....  
 (d) Street No..... **1018 Vine**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **0**

**3. (a) PRINT FULL NAME** **Charles Pope**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color **Col** 6. (a) Single, widowed, married, divorced, **Married**  
 race.....  
 6. (b) Name of husband or wife..... **Hattie Pope** 6. (c) Age of husband or wife if  
 alive..... **65** years  
 7. Birth date of deceased..... **July 13, 1860**  
(Month) (Day) (Year)

**8. AGE:** Years **80** Months **11** Days **16** If less than one day  
 hr. min.

**9. Birthplace** **Greenville Miss. |**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Porter**

**11. Industry or business**

**MOTHER FATHER** { **12. Name** **Unknown** **Unknown**  
**13. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Sarah Williams**  
(City, town, or county) (State or foreign country)  
**15. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Hattie Pope**  
**(b) Address** **1018 Vine Street**

**17. (a) Burial** **(b) Date thereof** **July 5, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Highland Cemetery**

**18. (a) Signature of funeral director** **W. M. Brown**  
**(b) Address** **1729 Lydia**

**19. (a) 7-5-41** **(b) M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **29th**  
 year **1941** hour..... minute..... M.

**21. I hereby certify that I attended the deceased from** **June 25**  
 19**41** to **June 29** 19**41**  
 that I last saw him alive on **June 25** 19**41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Uremia**

Due to..... **Chronic Nephritis**  
**arteriosclerotic**  
**General arteriosclerosis**

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

**PHYSICIAN**

Major findings:  
 Of operations..... **131**  
 Of autopsy..... **121**

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?

While at work..... (a) **John D. Todd, M.D.**  
 (b) Means of injury.....  
**23. Signature** **John D. Todd, M.D.** (M. D. or other)  
**Address** **State Hosp. Bldg. No. 2** Date signed **7-5-41**

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**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 Isaac Jerome Manlove  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**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.**