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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27634

FILED AUG 29 1941

Registration District No. 1941 / Primary Registration District No. 1 Registrar's No. 234

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: 411 west Filmore St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 56yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair

(c) City or town: Kirksville (If outside city or town limits, write "RURAL")

(d) Street No.: 411 West Fillmore (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Andrew S. Pope

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Edna Pope

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

7. Birth date of deceased: February (Month) 27 (Day) 1885 (Year)

8. AGE: Years 56 Months 4 Days 25 If less than one day ____ hr. ____ min.

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

10. Usual occupation: day labor

11. Industry or business ____

FATHER 12. Name: Bradie Pope

FATHER 13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Charlett Elston

MOTHER 15. Birthplace: Schuyler Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Jennie Potter

(b) Address: 410 West Fillmore St. Kirksville

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7-23 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Bear Creek Cemt.

18. (a) Signature of funeral director: Dee Riley

(b) Address: Kirksville Mo.

19. (a) Aug 11/40 (Date received by local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1941 hour 3. minute A. M.

21. I hereby certify that I attended the deceased from 6-28- 1941 to 7-22- 1941 that I last saw him alive on 7-2-41 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Stomach

Due to: metastasis

Due to: Lungs

Other conditions (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:

(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: R.D. Stickler (M. D. or other)

Address: Kirksville Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1566
Date Filed AUG 21 1941

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 Dee Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.