

No. 2
4-13-40
5-17-39
9-1 X23759

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 11 1941
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
2001

State File No. 34913
Registrar's No. 849

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: GREENE
(a) County: Springfield City
(b) City or town: Springfield City
(c) Name of hospital or institution: Springfield Baptist Hospital
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

3. (a) PRINT FULL NAME: Anna Belle Pope
3. (b) If veteran, name war: NO
3. (c) Social Security No.: None

4. Sex: fm
5. Color or race: wh
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Walter Pope
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Feb. 14, 1875

8. AGE: Years 66 Months 8 Days 9 hr. min.

9. Birthplace: Unknown Mo
10. Usual occupation: wife

11. Industry or business: _____
12. Name: James E. Warham
13. Birthplace: Unknown Mo
14. Maiden name: Margaret Deven
15. Birthplace: Unknown Mo

16. (a) Informant: Walter Pope
(b) Address: Preston, Mo
17. (a) Burial (b) Date thereof: 10/25/41
(c) Place: burial or cremation: Power Chapel

18. (a) Signature of funeral director: W. E. Haudley
(b) Address: Wheatland, Mo
19. (a) 10-25-41 (b) W. E. Haudley
(c) 701 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: Unknown
(a) State: Mo (b) County: _____
(c) City or town: Preston Mo 43
(d) Street No.: _____
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Oct day: 23
year: 1941 hour: 10 minute: 15 A.M.

21. I hereby certify that I attended the deceased from 10/20, 1941, to 10/23, 1941; that I last saw her alive on 10/23, 1941; and that death occurred on the date and hour, stated above.

Immediate cause of death: Cerebral Concussion
result of auto collision of

Due to: 170 C/O
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Other conditions: Vascular Hypertension 6 yrs

Major findings: Auto Collision with other motor vehicle.
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Dec 19 1941
(c) Where did injury occur? Near Preston Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway
While at work? _____ (Specify type of place)
(e) Means of injury: Auto Collision
23. Signature: Robert Glynn (M. D. or other) M.D.
Address: Springfield Date signed: 10/23/41

Duration: 72 hrs
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

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

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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

J.P. Luckey

Licensed Embalmer No.

2982

P. O. Address

Whitland, Md.

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.

X