

Registration District No. **1** Primary Registration District No. **200**

1. PLACE OF DEATH:
 (a) County **Adair**
 (b) City or town **Gibbs Jun**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Life time** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Adair**
 (c) City or town **Gibbs** (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **SURAN ETTIE TOMPKINS**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **13**
 year **1942** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Mar 1st**
19 **42** to **4 - 13** 19 **42**
 that I last saw h. _____ alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W S**
 6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **no.** years
 7. Birth date of deceased **Oct 30, 1869**
 (Month) (Day) (Year)

Immediate cause of death **Arteriosclerosis of heart**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **50**
 Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years **72** Months **5** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace: **Macon Co Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Sanitizer**

11. Industry or business:

12. Name: **James Wilson Pope**

13. Birthplace: **Mo**
 (City, town, or county) (State or foreign country)

14. Maiden name: **Mary Ann Pope**

15. Birthplace: **Mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Linda R Croft**

(b) Address: **Angilla T 4299**

17. (a) Burial (b) Date thereof **4/15/42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Gibbs**

18. (a) Signature of funeral director: **Sumner Powell**

(b) Address: **Richsville Mo**

19. (a) 4/16/42 (b) **Mrs J P Waynes**
 (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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: **R R Ellis** (M. D. or other) _____
 Address **Richsville Mo** Date signed **4-15-42**

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

100

RECEIVED

District Health Officer No. 10

District File Number 5-42-1134

Date Filed MAY 19 1942

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Richville 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.