

FILED JUN 10 1942
243

Registration District No. _____

Primary Registration District No. 5336

Registrar's No. 5

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

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1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Jackson, ~~Mo.~~ Para
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. ELK Land Mo. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ayminda Popejoy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife J. L. Popejoy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 19 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Lansster Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Isaac Keck

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

14. Maiden name _____

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

16. (a) Informant J. B. Popejoy
(b) Address ELK Land Mo.

17. (a) Burial (b) Date thereof 5-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Home

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo.

19. (a) 5-19-1942 (b) ms Arthur Hoover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26
year 1942 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death natural causes without medical attention
Due to _____
steril scabies
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97
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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. B. Jones Coroner (M. D. or other) _____
Address Buffalo Mo Date signed _____

RECEIVED

District Health Officer No. 7,

District File Number 6-42-562

Date Filed 6-8-42

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 Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo, N.Y.

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.