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S. No. 2
OM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2846**

LED JUL 8 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/7-6/19/43
(Specify whether years, months or days) 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1400 Tracy--Apt.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES POPE

3. (b) If veteran, name war None

3. (c) Social Security No. 446-01-0192

4. Sex Male 5. Color or Race Negro

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

6. (b) Name of husband or wife Lucille Pope 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Oct. 6 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40	8	13	_____ hr. _____ min.
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9. Birthplace Marietta Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Kansas City Terminal R.R.

MOTHER FATHER

12. Name James Pope

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

14. Maiden name Elizabeth Palmore

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/19/43
(Month) (Day) (Year)

(c) Place: burial or cremation Leads, Missouri

18. (a) Signature of funeral director Wickens Bros.

(b) Address 1729 Lydia

19. (a) 6-25-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1943 hour 1:20 minute A M.

21. I hereby certify that I attended the deceased from June 17 1943 to June 19 1943
that I last saw him alive on June 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis

Due to 13 & 1

Due to _____

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? _____

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature J. O. Palmer (M. D. or other) M.D.

Address Gen. Hosp. #2 - K.C. Mo. Date signed _____

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 J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *55039 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.