

No. 2 / 5-42 5-17-39 I X32872

31576

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED SEP 17 1943

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 80

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town MALDEN
(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 ALL OF LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DUNKLIN
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LARRY WAYNE POPE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased DECEMBER 25 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 8 7 ..hr. ..min.

9. Birthplace MALDEN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business CHILD

12. Name JESSIE POPE

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

14. Maiden name MILLA YANGL

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

16. (a) Informant JESSIE POPE
(b) Address MALDEN, MO.

17. (a) BURIAL (b) Date thereof 9-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK CEMETERY

18. (a) Signature of funeral director DAY FUNERAL HOME
(b) Address MALDEN, MO.

19. (a) 9-2-43 (b) D. Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1st year 1943 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Aug 28/43 to Sept 1/43 that I last saw him alive on Aug 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ellis Colliter

Due to Heart trouble

Due to -

Other conditions (Include pregnancy within 3 months of death) 11901

Major findings: Of operations ✓

Of autopsy ✓

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 2

23. Signature Dr. J. C. ... (M.D. or other) Address Malden Date signed 9/1/43

Duration

2 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 943-1152

Date Filed 9-13-43

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.....

NOT EMBALMED

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Oct

Registration District No.

104

Primary Registration District No.

4176

Registrar's No.

30

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ferry Wayne Pope

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced..... s

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

7. Birth date of deceased Dec 25
(Month) (Day) (Year)

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

9. Birthplace Malden Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Dunklin
(c) City or town Malden
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

31576