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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Kelly 18091

State File No.

Registrar's No. 406

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1404 W. Chestnut (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 19 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 1404 W. Chestnut (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Emery E. Pope
3. (b) If veteran, name war: No
3. (c) Social Security No.: UNK.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Ellen Pope
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: Feb. (Month) 17 (Day) 1880 (Year)

8. AGE: Years 64 | Months 2 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace: Christian County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Grocerman
11. Industry or business:
MOTHER FATHER
12. Name: Sam H. Pope
13. Birthplace: Christian County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Malinda McCafferty
15. Birthplace: Christian County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Emery E. Pope
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 5-13-44 (Date received local registrar) (b) By W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 7:00 minute a.m.
21. I hereby certify that I attended the deceased from 2-10, 1944 to 5-10-, 1944 that I last saw him alive on 5-9, 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Angina Pectoris
Due to: Slight Cerebral Pressure
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L W Kelly (M. D. or other) 5-12-44
Address: Springfield Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.