DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24254

Registration District No. 44 — Primary Registration District No. 4061 — Registrar's No. 35

1. PLACE OF DEATH:

(a) County Caldwell

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

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

(d) Length of stay: In hospital or institution One Month (Specify whether In this community 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond - "Rural" (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 MAU DE BERTHA POPE

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

4. Sex Female — 5. Color or race wh — 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George Warren Pope — 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 27 (Day) 1876 (Year)

8. AGE: Years 68 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Pope

(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1944 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Bernard & Mead

(b) Address Braymer, Mo

19. (a) 7/21/44 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1944 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 24, 1944, to July 21, 1944, that I last saw her alive on July 21, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Nephritis	48 hrs
Due to Diabetes Mellitus	215 yrs
Due to Fracture Surgical Neck of rt. femur - due to fall	June 24th
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186a

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 John R. Crank (M.D. or other)

Address Braymer, Mo. Date signed 7-21-44

1151 (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.....

Licensed Embalmer No. 2801

P. O. Address.....

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

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

V. S. No. 2B
10M—5-43
I X36930

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

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THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

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Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Maude B. Pope

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 27 (Day) 1876 (Year)

8. AGE: Years 68 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21
year 1944 hour minute M.

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

Immediate cause of death acute nephritis — Duration 48 hrs

Due to Diabetis mellitus — 25 yrs

Due to

Other conditions Fracture surgical neck
(Include pregnancy within 3 months of death)
of femur due to

Major findings:
Of operation fall 6-27

Of autopsy 186 a

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)~~ June 24, 1944

(b) Date of occurrence June 24, 1944

(c) Where did injury occur? Ray County, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In farm home on cement porch
(Specify type of place)

While at work? yes (e) Means of injury fall

23. Signature John R. Crank M.D. or D.O.

Address Braymer, Mo Date signed 8-14-44

SUPPLEMENTARY

24254