

FILED FEB 20 1945

State File No. _____

Registration District No. 206

Primary Registration District No. 4317

Registrar's No. 4

1. PLACE OF DEATH: MADISON

(a) County MADISON

(b) City or town MARYGARD, MO

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison

(c) City or town Marygard (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 JOSEPH EDWARD 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 W

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

7. Birth date of deceased 11-15-1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation FITZ-MAF

11. Industry or business V

MOTHER FATHER { 12. Name J. O. POPE O

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

14. Maiden name JANE DOUGLASS

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

16. (a) Informant ANNIE L. POPE (b) Address St. Louis MO 63142 P.M.

17. (a) BURIAL (b) Date thereof 1-21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARYGARD, MO

18. (a) Signature of funeral director Ed Homan

(b) Address Madison MO

19. (a) Jan 21 1945 (b) S. A. S. Slaughter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 19 year 1945 hour 4 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from year 1945 to Jan 19 1945 that I last saw him alive on Jan 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 4 days

Due to _____ 108

Due to _____

Other conditions Arthur (Pneumonia)
(Include pregnancy within 3 months of death)
market Arturo Sclerotic

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 O

Signature S. A. S. Slaughter (M. D. or other)
Address Fredricksburg Date signed 1-21-45

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

2000

RECEIVED

District Health Officer No. 4
District File Number 245-183
Date Filed 2-6-45

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.....

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.