S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16501

State File No.

Registration District No. 47 Primary Registration District No. 3164 Registrar's No. 136

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether.
In this community 2yr 4 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Fulton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Greenberry Pope Sr.

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Nancy Pope
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 17, 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Miller Co. Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer & Stockman
11. Industry or business

FATHER
12. Name William Pope
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Ann Strong
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. G. B. Pope
(b) Address Fulton R. F. D. # 2 Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Gott Cem Near Brumley Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton Mo Denzil C. Browning
19. (a) May 11-1945 (Date received local registrar) (b) Josie Morsink Luff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1945 hour 6 30 minute P M.

21. I hereby certify that I attended the deceased from Jan 5, 1945, to May 9, 1945
that I last saw him alive on May 9, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 hrs
Due to Coronary sclerosis	5 yrs
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 John J. Brown (M. D. or other) MD
Address Fulton Date signed 5-10-45

1147

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-7-45

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 Denzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Mo

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.