

FILED *July 16 1945*

Registration District No. _____

Primary Registration District No. *3056*

Registrar's No. *125*

1. PLACE OF DEATH:

(a) County *Randolph*

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

(c) Name of hospital or institution: *702 W. Coates 1*
(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 *Missouri* (b) County *Randolph 8th*

(c) City or town *Moberly 6*
(If outside city or town limits, write "RURAL")

(d) Street No. *702 W. Coates 3*
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) *0*

If yes, name country _____

3. (a) PRINT FULL NAME *Gerold W. Pope*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *Male* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *S D*

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

7. Birth date of deceased: *June 28 1945*
(Month) (Day) (Year)

8. AGE: *27* Years Months Days If less than one day _____ hr. *30* min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name *Harold B Pope*

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

14. Maiden name *Louise Hoffman*

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

16. (a) Informant *Harold Pope*

(b) Address *Moberly mo*

17. (a) *Burial* (b) Date thereof *June 29 45*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Madison, mo*

18. (a) Signature of funeral director *Wahon and Son*

(b) Address *Moberly mo*

19. (a) *7-3-45* (b) *Irma Kay*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *28th*
year *1945* hour *6* minute *50 P* M.

21. I hereby certify that I attended the deceased from *6-28*, 19*45*, to *6-28*, 19*45*

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death *Blue Baby*

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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 *R.H. Williams* (M. D. or other) _____
Address *Moberly mo* Date signed *7-3-45*

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

RECEIVED

District Health Officer No. 10

District File Number 7-45-1083

Date Filed JUL-1-3-1945

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.....
not embalmed

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.