

STANDARD CERTIFICATE OF DEATH

State File No. 5827

Registration District No. 149

Primary Registration District No. 1003

Registrar's No. 709

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4816

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE MAY POPE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FE 5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE 26 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 7 14 hr. min.

9. Birthplace PRUITT ARK!
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name JOHNNIE POPE

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

14. Maiden name EDITH WORTHY

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

16. (a) Informant Mr. Johnnie Pope

(b) Address Smithville, Mo.

17. (a) Removal (b) Date thereof 2-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville Mo

18. (a) Signature of funeral director Mrs. C.H. Foster

(b) Address 918 Brooklyn

19. (a) 2-11-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

(c) City or town Smithville
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 10
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 1, 1946
to Feb. 10, 1946
that I last saw her EA alive on Feb. 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia complicated with pneumococic meningitis

Duration 70 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: 108

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 2 Do

23. Signature Donald J. Sand (M. D. or other) 2 Do

Address Smithville, Mo. Date signed 2-10-46

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm H. Jackson
.....
Licensed Embalmer No. 3954
.....
P. O. Address 918 Brooklyn
.....

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.

KEW