

S. No. 2
M-543
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 23

FILED JAN 24 1947
Registration District No. _____

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution:
750 East Kingsbury /
(d) Length of stay: In hospital or institution _____
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 750 E. Kingsbury
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME SARAH JANE POPE
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9
year 1947 hour 7:40A.M. minute _____ M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married Widowed
7. Birth date of deceased January 16, 1863

21. I hereby certify that I attended the deceased from 1943 to 1/9/47
that I last saw her alive on 1/8/47
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 da.

8. AGE: Years Months Days If less than one day
83 11 23 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Indiana

Other conditions Hemiplegia 4 yrs.
(Include pregnancy within 3 months of death)

10. Usual occupation Home

MOTHER FATHER
11. Industry or business _____
12. Name Jacob Black
13. Birthplace Unknown Pennsylvania
14. Maiden name Hannah Buhr
15. Birthplace Unknown Pennsylvania

Major findings: 83D
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lestlie Hatfield
(b) Address 750 E. Kingsbury
17. (a) Burial (b) Date thereof 1-10-47
(c) Place: burial or cremation Brownington, Missouri

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address Springfield, Missouri
19. (a) 1-10-47 (b) W.E. Standley MD

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature J.D. Jamison, Jr. (M. D. or other) M.D.
Address Springfield, Mo Date signed 1/9-47

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

9
2
6

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.