FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4050

FILED FEB 24 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 208

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: Two Weeks. (Specify whether
In this community: Most of her lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 2924 North 9th. Street
(If rural, give location)

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

If yes, name country: No.

3. (a) PRINT FULL NAME: MILDRED CLARK POPE

3. (b) If veteran, name war: NO.

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: Cyrus Joseph Pope

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: December (Month) 22nd (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	66	One	17	-- hr. ------ min.

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

10. Usual occupation: Housewife.

11. Industry or business: Home.

FATHER
12. Name: John P. Clark
13. Birthplace: Louisville, Kentucky.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Caton.
15. Birthplace: Mound City, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant: C. J. Pope
(b) Address: 2924 North 9th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olive Cemetery-
E.R. Sidenfadt Troy- Kansas.

18. (a) Signature of funeral director:
(b) Address: 602 South 10th. Street

19. (a) 2-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th-
year 1948 hour 6 minute 15 AM M.

21. I hereby certify that I attended the deceased from Feb. 1, 1948, to Feb. 8, 1948, that I last saw her alive on Feb. 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 days
Due to: Hypertension	Known for 7 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause of 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: W. M. Toothman (M.D. or other)

Address: 2/9/48 Date signed: 2/9/48

Kirkpatrick Bldg., St. Joseph, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.