

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33317**

FILED NOV 12 1948

Registration District No. **55**

Primary Registration District No. **5579**

Registrar's No. **157**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Mineral**
(c) Name of hospital or institution: **Jasper Co. TB Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 mo**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Isa Elisha Pope

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **M**

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 **Feb 10 1875**
(Month) (Day) (Year)

8. AGE:

Years **73** Months **8** Days **14** If less than one day hr. min.

9. Birthplace **Wassachusetts - 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Jamies R. Pope**

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

14. Maiden name **Amelia Ellen**

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

16. (a) Informant **Records**

(b) Address **Burial**

17. (a) (b) Date thereof **Oct: 26, 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oronogo Cem.**

18. (a) Signature of funeral director **Johnston-Arnice-Simpson**

(b) Address **Webb City, Missouri**

19. (a) **OCT-25-1948** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Haskell**
(c) City or town **Mountain View**
(If outside city or town limits, write "RURAL")
(d) Street No. **No**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24**
year **1948** hour **4** minute **35 a** M.

21. I hereby certify that I attended the deceased from **June 12**, 19**47**, to **Oct 24**, 19**48**
that I last saw him alive on **Oct 23**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**
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) (c) Means of injury

Signature **Jesse E. Douglas** M. D. of **Webb City, Mo**
Address **Webb City, Mo** Date signed **10/24/48**

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

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.....
Jack C. Simpson....., Registered Apprentice No. *38*
working under my personal supervision.

Signed *Howey E. Ansel*.....
Licensed Embalmer No. *4463*.....
P. O. Address *Wichita, 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.