

MURKIN  
DEC 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2353  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318  
(b) Township 2 Primary Registration District No. 2001 Registered No. 91  
(c) City SPRINGFIELD (d) Street No. 509 S Market St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Babara Jane Popejoy  
(a) Residence, No. 509 South Market St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield MO

FATHER 13. NAME Paul Dishman not married

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stafford MO

MOTHER 15. MAIDEN NAME Ruth Popejoy Not married

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stafford MO

17. INFORMANT (ADDRESS) Frank Popejoy

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Jan 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred A. Thine  
Springfield MO

20. FILED Jan 36 1939 Chas. A. Longmire Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1939

22. I HEREBY CERTIFY, That I attended deceased from 1, 27, 39, 19....., to 1, 29, 39, 19.....

I last saw her alive on 1, 27, 39, 19..... Death is said

to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar

Date of onset  
1939  
1, 27

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Phys. Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. J. Muesel, M. D.

Springfield, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be stated EXACTLY. PHYSICIANS should state information should be curiously supplied. AGE should be stated EXACTLY. PHYSICIANS should state information should be curiously supplied.

**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, .....

*Was not embalmed.* 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, above space should be left blank.**