

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 36

LED JUL 13 1943
Registration District No. 217

Primary Registration District No. 3044

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

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: High & Walnut St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller

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

(d) Street No. 201 Walnut
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sisley Melzera Pope

3. (b) If veteran, name war None

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1943 hour 11 minute 15 PM.

21. I hereby certify that I attended the deceased from May 26
_____, 1943, to June 21, 1943;
that I last saw her alive on June 21, 1943;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John T. Pope

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 1 1977
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema Duration 3.6 hr.

Due to metastatic Ca. 3 mo.

Due to lymphomas cell. ca. of Ovary 1 yr.

Other conditions (Include pregnancy within 3 months of death)

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

66 1 20 hr. min.

Major findings: 49d

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Miller Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Thart

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edna May Tyler

(b) Address Eldon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Doobey Cem

18. (a) Signature of funeral director Reddy J. Payne

(b) Address Eldon Mo.

19. (a) June 23 43 (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature M. J. Aimes (M. D. or other) _____
Address Sumner Mo. Date signed 6-22-43

RECEIVED.

Miller County Health Dep't.

County File Number 43-48

Date Filed 7-6-43

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 W. M. Rays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.