

S. No. 2  
M-2.43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED JUL 7 1943  
Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 281

1. PLACE OF DEATH:  
 (a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo. State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month 7 das.  
(Specify whether

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madison 94  
 (c) City or town Marquand  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Unknown  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT JAMES NOAH POPE.  
FULL NAME

3. (b) If veteran, Unk. name war \_\_\_\_\_  
 3. (c) Social Security Unknown No. \_\_\_\_\_

4. Sex Male 0 5. Color or race W.  
 6. (a) Single, widowed, married, divorced, 2 Widowed  
 6. (b) Name of husband or wife Lina Webb Hale 6. (c) Age of husband or wife if alive, Dead years \_\_\_\_\_  
 7. Birth date of deceased September 12, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Madison County, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Joseph Pope  
 13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
 14. Maiden name Jane Douglas  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
 (b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Yount Cem, MARQUAND, MO

18. (a) Signature of funeral director [Signature]

(b) Address Marquand Mo

19. (a) June 21-1943 (b) Byndie Burkmaster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
 year 1943 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 1, 1943 to June 6, 1943,  
 that I last saw him alive on June 4, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
 Address 408 W. Fifth Date signed 6/9/43

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 743-2369  
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

*This body was not embalmed*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*John A. Holt*  
.....  
Licensed Embalmer No. 4264  
P. O. Address Fredericktown, Md.

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.