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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17537

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 496

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: 547 W Chestnut (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... 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. 547 W Chestnut (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME R. B. Popejoy
3. (b) If veteran, name war —
3. (c) Social Security No. 440-10-6681
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar (Month) 12 (Day) 1882 (Year)

8. AGE: Years 62 Months 2 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)
10. Usual occupation Asst Eng.
11. Industry or business Rosecrans Field
FATHER
12. Name Wesley Popejoy
13. Birthplace ..... (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name Fannie
15. Birthplace ..... (City, town, or county) ? (State or foreign country)
16. (a) Informant Dora Popejoy
(b) Address Andarko, Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Andarko, Okla
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo.
19. (a) 5/12/44 (Date received local registrar) (b) Mrs Helen L Pike (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1944 hour 6 minute 45 A M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on May 12, 1944, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to
Due
Other conditions (Include pregnancy within 3 months of death) Man died suddenly while alone in his room in bed, after he had retired. He had worked at his usual work the day before, without any complaint of illness or disability
Major findings: Of operation ..... Of autopsy No

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) 94a
(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 H. F. Mundy (M.D. ~~or other~~) Coroner
Address 404 So 3d Date signed 5/12/44

1377 (Licensed Embalmer's Statement on Reverse Side)

JUL 1 2 1964

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 Robert R Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, M

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

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