

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1944

Registration District No. 224

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 18689

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Kinona Elizabeth Pope

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race H 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife J. H. Pope 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct 21 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Cooper (City, town, or county) MO (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Jones

13. Birthplace Cooper (City, town, or county) MO (State or foreign country)

14. Maiden name Martha Scholtz

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

16. (a) Informant J. H. Pope
(b) Address California MO

17. (a) Burial (b) Date thereof 5/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director J. L. Latham

(b) Address California MO

19. (a) 5-26-44 (b) J. L. Latham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street 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 May day 24
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-15 to 5-24 1944
that I last saw her alive on May 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the rectum Duration 3 yrs

Due to Causes unknown

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 62

23. Signature J. L. Latham (M. D. or other) M.D.

Address California, MO Date signed 5/25/44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-5-44

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.....

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, fact should be so stated above.