

V. S. No. 2
 00M-8-43
 Rev. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42708

State File No. _____

FILED DEC 26 1947
 Registration District No. _____

Primary Registration District No. 6022

Registrar's No. 217

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)
 In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray 89
 (c) City or town Richmond 1
(If outside city or town limits, write "RURAL") 1
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Maudie Poe
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 13
 year 1947 hour 3 minute 30 A.M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept 16 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1 - 1947 to Dec 13 1947
 that I last saw him alive on Dec 12 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
58 2 17 hr. _____ min.

Immediate cause of death: Chronic Myocarditis
 Due to _____
 Due to _____

9. Birthplace Excelsior Springs Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____ Of autopsy _____

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER
 12. Name Thomas Nathan Poe
 13. Birthplace Maysville Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Lillie Smith
 15. Birthplace Clay County Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Herman Poe
 (b) Address Raytown, Mo.
 17. (a) Burial (b) Date thereof Dec 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richmond, Mo.

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? _____

18. (a) Signature of funeral director Thomas J. Carter
 (b) Address Richmond, Mo.
 19. (a) Dec 9-1947 (b) Mabel Jackson
(Data received local registrar) (Registrar's signature) 900

While at work? _____ (Specify type of place) (c) Manner of injury _____
 23. Signature E. G. Lay, M.D. (M. D. or other) _____
 Address Richmond Mo Date signed 12-19-47

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

89

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-26-47

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 John H. Pryor

Licensed Embalmer No. 2999

P. O. Address 1800 Linwood, Kansas City

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.