S. No. 2
M—5-43
v. 5-17-39
n 1 X36671

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

40552

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947
Registration District No. 298

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21740
Primary Registration District No. 6023
Registrar's No.

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Knoxville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 83-10-15 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray 89
(c) City or town Knoxville, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar B. Poe
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amanda Poe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 4, 1863 (Month) (Day) (Year)

8. AGE: Years 83 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Missouri City, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farmef
11. Industry or business Retired

MOTHER FATHER
12. Name Manson Poe 0
13. Birthplace Clay County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lucynthia Watson 0
15. Birthplace Clay County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Henry
(b) Address Knoxville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri City
18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Mo.
19. (a) Nov. 18 1946 (Date received local registrar) (b) Mrs. Raymond Groo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1946 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from 11-19-46, 19..., to 11-19-46, 19...; that I last saw him alive on 11-18-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	9 days
Due to: Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
(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 0

23. Signature Thos. J. Coon (M. D. XXXX)
Address Richmond, Mo. Date signed 12-2-46

3L4 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-31-46

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 Louis Quent

Licensed Embalmer No. 4096

P. O. Address Richmond

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.