

DEC 20 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41548

1. PLACE OF DEATH

County Jackson Registration District No. 400
Township Drairie Primary Registration District No. 4235
City Lees Summit

File No. _____
Registered No. 280
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 414 S. Douglas St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Pool</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 25-1888</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>6</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		11. Total time (years) spent in this occupation <u>18</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>9 meats Grocery</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 5, 1936</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Minden Germany</u>		
13. NAME <u>Carl Pool</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Minden Germany</u>		
15. MAIDEN NAME <u>Mira Busse</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Minden Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs Laura Pool Lees Summit Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lees Summit Mo</u> DATE <u>Nov 7-36</u>		
19. UNDERTAKER (ADDRESS) <u>F. M. Schick Lees Summit Mo</u>		
20. FILED <u>Nov 6 1936</u> <u>William J. Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5/36 19__

22. I HEREBY CERTIFY That I attended deceased from _____ 19__ to _____ 19__
I last saw him alive on _____ 19__ Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Automobile transportation Date of onset _____
Fracture of the skull

Other contributory causes of importance:
20

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 11/5/36
Where did injury occur? Lees Summit Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury fall from moving truck
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Signature]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

