

DEPT OCT 19 1938

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

31912
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township Carrollton Primary Registration District No. 3010
(c) City Carrollton (d) Street No. 96 St.
(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Henry Pooz 211
Marion Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (if (to the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Pooz Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1857

7. AGE YEARS 80 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) April 1, 1927 11. Total time (years) spent in this occupation 54 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Chris Pooz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unk. now

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wosterhausen Germany

17. INFORMANT (ADDRESS) Wm Beckemier
Norborne Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Mo DATE Sept 25 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Dutch
Marion Mo

20. FILED 9-24 1938 Dutch Marion Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Sept 22, 1938
I last saw him alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:
Prostatitis retention
Increased arterial
urison
Chronic Nephritis

Other contributory causes of importance:
131

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Chronic Nephritis, M. D.
(Signed) Chronic Nephritis (Address) Marion Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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3
1

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/17/38

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, John G. Deitch

....., or by

Registered Apprentice No. working under my personal supervision.

Signed John G. Deitch

Licensed Embalmer No. 3654

P. O. Address Harbore mo,

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, above space should be left blank.