

REC'D JAN 10 1939

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

42704  
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 175  
(b) Township Cochell Primary Registration District No. 5247 Registered No. 48  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
910 Marie Pavel Poeschl  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Poeschl  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19-1847  
7. AGE YEARS 91 MONTHS 7 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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. housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia  
13. NAME Pavel  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Kate Emmerich  
(ADDRESS) Salisbury, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelly DATE Dec. 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelmeier  
Salisbury, Mo.

20. FILED 1/2 1939 W. H. Hartung Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1938

22. I HEREBY CERTIFY That I attended deceased from July 24, 1938 to Dec. 12, 1938  
I last saw her alive on December 10, 1938 Death is said to have occurred on the date stated above, at 2:45 P. m.  
The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis  
Arteriosclerotic myocarditis  
93C

Date of onset 3/9  
12-10-38  
9-30-38

Other contributory causes of importance:  
Cerebral Apoplexy  
Hemiparesis of right foot

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? heminal Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. L. Harmon, M. D.  
(Address) Salisbury, Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
1/4/39  
Filed

**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 *Geo. W. McKhney*

Licensed Embalmer No. *2128*

P. O. Address *Palisburg*

**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.**