

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

39033
 Do not use this space.

DEC 11 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 35
 (b) Township St. Joseph Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 2605 Lucille Ave. St.
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Issac Pool
 (a) Residence, No. 2605 Lucille Ave. 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna D. Pool

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	68	8	3	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as saw mill, bank, etc. self.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hightsville Ky.

FATHER 13. NAME John I. Pool

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

MOTHER 15. MAIDEN NAME Mary Belcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs. Anna D. Pool
 (ADDRESS) 2605 Lucille Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE Nov. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clark Mortuary 5025 King Hill Ave. St. Joseph, Mo.

20. FILED Nov. 13, 1939 A. J. Nestlebaum
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Anna Pool 1939 at 2605 Lucille Ave. Death is said to have occurred on the date stated above, at 10:30a.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance: none

Name of operation none Date of none
 What test confirmed diagnosis none 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) John I. Pool M. D.
Dr. Joseph M. ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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, ~~xxx~~ Nov. 11, 1939

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl A. Clark*

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.