

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3130

Registration District No. 582

Primary Registration District No. 4344

Registrar's No. 2

1. PLACE OF DEATH:

(a) County MONROE 2
(b) City or town Paris, Louisiana
(c) Name of hospital or institution:
300 block Cooper Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 70 yrs. (21)

3. (a) PRINT FULL NAME MARY KATE POSTER
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Richard Poster 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 9 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace MONROE Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN P. Mc CANN 9

13. Birthplace N.K. (1)

14. Maiden name SUSAN MAJORS

15. Birthplace MONROE Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Sherman

(b) Address 5712 Oakland Ave., N. G., Mo.

17. (a) BURIAL (b) Date thereof JAN 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed O. Blakey

(b) Address Paris, Mo.

19. (a) 1-15-40 (b) J. A. Barnett, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe
(c) City or town Paris
(If outside city or town limits, write "RURAL")
(d) Street No. 300 block Cooper Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 14
year 1940 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan. 21, 1939, to Jan 14, 1940
that I last saw her alive on Jan. 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration n.i.

Due to senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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) None

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Barnett, Jr. M. D. or other _____

Address Paris, Mo. Date signed 1-15-40

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. 10

District File Number 2-40-387

Date Filed FEB 12 1940

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 W. B. Blakely

Licensed Embalmer No. 2614

P. O. Address Paris, 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.