

FILED FEB 12 1940

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

3956

Do not use this space.

1. PLACE OF DEATH
 (a) County Schuyler Mo Registration District No. 802
 (b) Township 0 Primary Registration District No. 4481
 (c) City Downing (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 John William Poole
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF W
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24 1853
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 4 24
- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
 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) Schuyler Co Mo. 0
- FATHER
 13. NAME Stacey Poole
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
- MOTHER
 15. MAIDEN NAME Arson Perry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT Clara Poole
 (ADDRESS) Downing Mo.
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Camp Ground DATE January 24, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) None Downing Mo.
20. FILED Jan 25 1940 W. E. Erwig
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1940
- I HEREBY CERTIFY That I attended deceased from January 20, 1940 to January 20, 1940
 I last saw him alive on December 23, 1939. Death is said to have occurred on the date stated above, at 4:50 p.m.
 The principal cause of death and related causes of importance were as follows:
No doubt some lesion of heart valves
- Date of onset _____
- Other contributory causes of importance: None
- Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
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) W. E. Erwig, M.D. _____ M.D.
 (Address) Downing, Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-40-249

Date Filed FEB 9 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 me

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

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Warving 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.