S. No. 2
—11-10-39
FILED AUG 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Osborne

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25966

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 237

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County PETTIS. 2
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 325 N STEWART.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County PETTIS.
(c) City or town SEDALIA.
(If outside city or town limits, write "RURAL")
(d) Street No. 325 N STEWART.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES ALVIN POE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Adabelle Poe
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased AUG (Month) 23 (Day) 1869 (Year)

8. AGE: Years 70 Months 11 Days 2 If less than one day hr. min.

9. Birthplace SALINE Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation RETIRED FARMER.
11. Industry or business FARM.
FATHER
12. Name BENJAMIN T. POE
13. Birthplace ~~PAULINA~~ (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name SOPHIA PAULINA BEATTIE
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. J. A. Poe
(b) Address Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mem Park
18. (a) Signature of funeral director [illegible] Laughlin Bros
(b) Address Sedalia
19. (a) 7-27-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour 6:40 minute P M.
21. I hereby certify that I attended the deceased from March 13, 1940 to July 25, 1940
that I last saw him alive on July 25, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 days
Due to Nephritis Chron interstitial	- 3 yrs
Due to Hypertension (Apoplexy)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Charles [illegible] (M. D. or other)
Address 113 1/2 24th Sedalia Date signed July 27 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-40

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 F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.