No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1940

State File No. 31388

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 198

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Moores Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frances Elizabeth Mihan Poor
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank M. Poor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 4 (Day) 1854 (Year)
8. AGE: Years 86 Months 7 Days 0 If less than one day hr. min.
9. Birthplace Worchester (City, town, or county) Mass. (State or foreign country)
10. Usual occupation Home
11. Industry or business
12. Name Patrick Mihan
13. Birthplace Ireland (City, town, or country) (State or foreign country)
14. Maiden name Frances Elizabeth McMillan
15. Birthplace Ireland (City, town, or country) (State or foreign country)
16. (a) Informant C. C. Bolwing
(b) Address Moores Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6 (Month) 40 (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery
18. (a) Signature of funeral director Tom McClary
(b) Address Parker's Columbia, Mo.
19. (a) 9/9/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th year 1940 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from Sept 1, 1940 to Sept 5, 1940 that I last saw he alive on Sept 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage and intracranial lesion — Duration 10 min
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
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)
(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 [illegible] (M. D. or other)
Address Columbia Date signed 9/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.