

DEC 17 1940

Registration District No. **1149**

Primary Registration District No. **5697**

Registrar's No. **12**

1. PLACE OF DEATH:
(a) County Mc Donald
(b) City or town Rural, Jane
(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 2
In this community 15 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mc Donald
(c) City or town Rural
(d) Street No. East Of Jane
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Nora Alice Poe

20. DATE OF DEATH: Month NOV. day 11
year 1940 hour 5:00 minute P. M.

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife William A Poe 6. (c) Age of husband or wife if alive 55 years

Immediate cause of death Heart attack.

7. Birth date of deceased May 17 1889
(Month) (Day) (Year)

Was dead when I arrived

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>24</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Cargile

13. Birthplace Barry Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rosana Edens

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

16. (a) Informant W.A. Poe

(b) Address Jane, Mo.

17. (a) Whitenburg Cem. (b) Date thereof 11 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitenburg Cem.

18. (a) Signature of funeral director Ralph Miller

(b) Address Pea Ridge, Ark.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 1949

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Nov 11 - 1940

(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? at home

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

23. Signature Lee A. Carnell (M. D. or other) Coroner

Address Geneville Mo Date signed 11-12-40

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

MOTHER FATHER

STATE OF CALIFORNIA
HEALTH DEPARTMENT

RECEIVED

District Health Officer No. 6,

District File Number 1240-3041

Date Filed DEC 16 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

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 39170

Registration District No. 1149

Primary Registration District No. 2697

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Mc Donald
(b) City or town White R. T.P.
(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 _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nora Alice Poe

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 W

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 51 Months 5 Days 24 If less than one day _____ hr _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-12-1948 (Date received local registrar) Lee O. Carnell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

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

23. Signature Lee O. Carnell (M. D. or other) _____
Address Pineville _____ Date signed _____

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

SUPPLEMENTARY

S-39170 1940