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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4772

JAN 22 1941

Registration District No. 903

Primary Registration District No. 4545

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant City
(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
In this community 35 yrs
years, months or days

8. (a) PRINT FULL NAME JOHN CALVIN POE

3. (b) If veteran, name war. 3. (c) Social Security No. 500-07-8163

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Poe 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Feb 16 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 10 16 hr. min.

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

10. Usual occupation Hay Laborer

11. Industry or business

MOTHER FATHER { 12. Name John Poe
13. Birthplace Uniontown, Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Kathleen King
15. Birthplace Uniontown, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Poe
(b) Address Grant City

17. (a) Buried (b) Date thereof 1 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director Arch C. Murrell
(b) Address Grant City, Mo.

19. (a) Jan 6, 1941 (b) Clifford Hoss
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North
(c) City or town Grant City
(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 Jan day 3
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-3-1940
to 1-3, 1940

that I last saw him alive on 1-3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis

Due to V

Due to V

Other conditions Encephalitis
(Include pregnancy, abortion, or delivery)

Major findings: Of operations V

Of autopsy none

22. If death was due to external causes, fill in the following: no

(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 Clifford Hoss (M. D. or other)

Address Grant City, Mo. Date signed 1-3-41

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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. 3252

P. O. Address Grant City

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.

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STANDARD CERTIFICATE OF DEATH

State File No. 4772

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 903

Primary Registration District No. 4545

Registrar's No.

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

1. PLACE OF DEATH:

(a) County. Worth
(b) City or town. Grant City
(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. years, months or days)

3. (a) PRINT FULL NAME John Calvin Joe

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. 6. (c) Age of husband, or wife, if alive. years

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

8. AGE: Years Months Days If less than one day min.
48 10 16

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Apr 3, 1941 (b) Clifford Hara
(Interreceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Worth
(c) City or town. Grant City
(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. Jan day. 3
year. 1941 hour. minute. M.

21. I hereby certify that I attended the deceased from
19. to 19.

that I last saw him alive on 19.
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to Lobar Pneumonia

Due to

Other conditions Asmatic / 108
(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?

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

23. Signature P. D. Ross (M. D. or other)

Address Grant City Mo Date signed

