S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11031

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

49
3
3

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 311½ Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 311½ Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Alvero Demont Poole

3. (b) If veteran, name war No

3. (c) Social Security No. 491-01-7396

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. (Month) 11 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	3	22	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

FATHER
12. Name Elijah Poole
13. Birthplace (City, town, or county) No Record (State or foreign country) 4

MOTHER
14. Maiden name Lucinda Reynolds
15. Birthplace (City, town, or county) No Record (State or foreign country) 4

16. (a) Informant Susan Poole
(b) Address 311½ Main St. Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Mem.

18. (a) Signature of funeral director Hurlbut and Co.
(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 3-6-41 (Date received local registrar) (b) Ed D Jasper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1941 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 4th, 1941, to Mar 4th, 1941;
that I last saw him alive on 3-4-41 - 9 P.M., 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Chr. myocarditis	?
Due to arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
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? 37%
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. L. Crangard (M. D. or other)
Address 804 Frisco Bldg Joplin Mo. Date signed 3-4-41

(Licensed Embalmer's Statement on Reverse Side)

41-4-391

Walker
244

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 Sam E. Sweeney

Licensed Embalmer No. 4099

P. O. Address Joplin 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, fact should be so stated above.