

RECEIVED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18271

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town East Vernon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo. State Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 349 days (Specify whether years, months or days)  
 In this community 349 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
 (c) City or town Caruthersville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 411 E. 4th Street  
 (If rural, give location)  
 (e) Citizen of foreign country? / (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
 year 1941 hour 8:35 minute PM  
 21. I hereby certify that I attended the deceased from:  
June 13 1940 to May 27 1941  
 that I last saw her alive on May 27, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis Duration 1 yr.  
 Due to \_\_\_\_\_  
 Due to 12 yr.

Other conditions (include pregnancy within 3 months of death):  
Tuberculous laryngitis & enteritis  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Geneva Poole  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife William E. Poole 6. (c) Age of husband or wife if alive 19 years  
 7. Birth date of deceased: February 21 1922  
 (Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Albert M. Simpson  
 13. Birthplace Clay County Arkansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bertha Story  
 15. Birthplace S. Oddard County Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk  
 (b) Address Mo. State San. Mo. Vernon, Mo.

17. (a) Caruthersville (b) Date thereof May 28 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. W. Howell  
 (b) Address \_\_\_\_\_

19. (a) 5-28-1940 (b) P. A. Holmes  
 (Date received local registrar) (Registrar's signature)

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?  
421 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) MD  
 Address East Vernon, Mo. Date signed 5/27/41

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

300

RECEIVED

District Health Officer No: 61

District File Number 641-890

Date Filed JUN 6 1941

504

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.....

*Max Fossett*

Registered Apprentice No. 268

working under my personal supervision.

Signed *H. D. Fossett*

Licensed Embalmer No. 2201

P. O. Address *Mt. Vernon, 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.