

1941 AUG 16 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23969

2508

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 1 Day
(Specify whether
In this community 30 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3837 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1941 hour 12 minute 35 A. M.
21. I hereby certify that I attended the deceased from June 1, 1941
19 July 1 19 41
that I last saw her alive on June 30 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to Brain Tumor 50 min HCO
Due to Metastasis from 30
Carcinoma of Breast or Lung.
Other conditions possibly Primary in Brain
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____
Of autopsy Findings as above. Microscopic
examination necessary to determine type of tumor
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 Jack W. Wolf (M. D. or other) M.D.
Address Kansas City, Mo. Date signed July 1, 1941

3. (a) PRINT FULL NAME Mrs. Elizabeth Ann Poole

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. Bryant Poole 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 23 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name Henry Brunker

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

14. Maiden name Augusta Unger

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

16. (a) Informant Gladys Poole

(b) Address 3837 Benton Blvd.

17. (a) Burial (b) Date thereof July 3, 1941
(Burial, cremation, or removal) Sunset Cemetery (Day) (Year)

(c) Place: burial or cremation Manhattan, Kansas

18. (a) Signature of funeral director Dr. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

2508

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..... *Ernie M. Calhoun*
Licensed Embalmer No..... *3506*
P. O. Address..... *Kemo*

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.