

No. 2
1-13-40
-17-39
X22159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27830

Registration District No. 101

Primary Registration District No. 1001

State File No. _____

Registrar's No. 818

1. PLACE OF DEATH: BUCHANAN
 (a) County BUCHANAN
 (b) City or town ST JOSEPH MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MISSOURI METHODIST HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 DAYS
 In this community JOHN POCK 6 days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Fillmore
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULLNAME JOHN POCK

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

4. Sex MALE race WHITE 5. Color or 6. (a) Single, widowed, married, divorced. SINGLE

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

7. Birth date of deceased NOV 1-1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN POCK

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

14. Maiden name STORY ABERILLA

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

16. (a) Informant Mrs. Martha Davis

(b) Address 3601 20/24 St Osage Mo

17. (a) FILLMORE MO (b) Date thereof Aug 15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FILLMORE

18. (a) Signature of funeral director M. Fred Tatum

(b) Address _____
19. (a) 8-14-1941 (b) N. J. Neathred
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1941 hour 3 PM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 1,
1941 to Aug 13, 1941
that I last saw him alive on Aug 13,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion minutes

Due to arteriosclerosis - 5 yrs

Due to Coronary Sclerosis

Other conditions Carcinoma of Tongue 9 mos.
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Tongue
 Of operations _____
 Of autopsy H&E

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) no

(b) Date of occurrence no injury

(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) (a) Means of injury _____

23. Signature J. J. Thompson (M. D. or other) MD

Address 501 Charles St Date signed 8/14/41

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

A. Fred Terhune

Licensed Embalmer No. *1279*

P. O. Address. *Savannah Ga*

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.