

FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35334

Registration District No. 449

Primary Registration District No. 5609

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon Mo Lebanon Twp
(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 a few years years, months or days

3. (a) PRINT FULL NAME WILLIAM ISAAC POOLE

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced

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

7. Birth date of deceased July 16 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 10 hr. min.

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

10. Usual occupation Insurance Salesman

11. Industry or business _____

12. Name Don't Know

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

14. Maiden name Don't Know

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

16. (a) Informant Mrs Harvey Kelley

(b) Address Box 305 Lebanon Mo

17. (a) burial (b) Date thereof Oct. 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon City Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo

19. (a) 11-3-41 (b) J. W. Corb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. Lebanon Twp
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1941 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9:00
10-15-41 to 9:15 10-21-41
that I last saw him alive on Oct 22 1941
and that death occurred on the date and hour stated above

Immediate cause of death Heart Thrope

Due to Implyga in

Due to the stat.

Other conditions Kidney stones
(Include pregnancy within 3 months of death)

Major findings: 338

Of operations _____
Of autopsy _____

Duration

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 J. W. Corb (M. D. or other)
Address Lebanon Mo Date signed Oct 31-1941

704 (Licensed Embalmer's Statement on Reverse Side)

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

56000

05300

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.....
..... *Myself*, Registered Apprentice No.....
working under my personal supervision.

Signed *Dorsey M. Howe*
Licensed Embalmer No. *4222*
P. O. Address *Lebanon, 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.