

DEC 15 1941

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH

GREENE

- (a) County GREENE
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1858 N Robberson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 84 yrs (Specify whether years, months or days)
 In this community 84 yrs

3. (a) PRINT FULL NAME Geo M. Poyner

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife No Record 6. (c) Age of husband or wife if alive Unknown
 7. Birth date of deceased Nov 7 1857
(Month) (Day) (Year)

8. AGE: Years 184 Months 0 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Wagon Co Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name John Poyner
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Bernellia Morris
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joseph Henry Cox
 (b) Address 1858 N Robberson

17. (a) Burial (b) Date thereof Nov 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth
 18. (a) Signature of funeral director Fred C Thome
 (b) Address 1100 Boonville Ave

19. (a) 11-10-41 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 1858 N Robberson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th
 year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1941 to Nov 8 1941
 and that I last saw him alive on Oct 28 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Respiratory-Vascular Disease
 Duration 8 yrs

Due to _____

Due to 131a

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature W. E. Handley M.D. (M. D. or other) M.D.
 Address Springfield Mo Date signed 11/10/41

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.....



Licensed Embalmer No. 3681

P. O. Address Spk. 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.

X