

FILED FEB 9 1942
Registration District No. 906

Primary Registration District No. 4547

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 53 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day 17
year 1942 hour 2:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 17, 1942, to Jan. 17, 1942;
that I last saw him alive on Jan. 17, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Duration: 6 Months

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 940
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____ (e) Means of injury _____
While at work? _____
23. Signature J. R. Matt (M. D. certifier)
Address Hartville Mo. Date signed 1-20/42

3. (a) PRINT FULL NAME JESS IRVIN POOL

3. (b) If veteran, name war World War I. 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Jessie Pool 6. (c) Age of husband or wife if alive 52 yrs. years

7. Birth date of deceased 9 (Month) 26 (Day) 1888 (Year)

8. AGE: Years 53 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business Hardware

12. Name L. D. Pool.

13. Birthplace Wright Co. MO. (City, town, or county) (State or foreign country)

14. Maiden name S. M. Long

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

16. (a) Informant's own signature Henry Pool
(b) Address Hartville Mo.

17. (a) Burial (b) Date thereof I 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steel Mem. Cem.

18. (a) Signature of funeral director Gene E. Holdren
(b) Address Hartville Mo

19. (a) 1-20-1942 (b) W. J. Wynn
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 9 1942

MAY 10 1945

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 Gene E. Holden
Licensed Embalmer No. 3865
P. O. Address Hartsville 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, above space should be left blank.