

FILED MAR 12 1942

Registration District No. **0217**

Primary Registration District No. **5818**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Barnard Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **White Cloud**
5 mi. West
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **23 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway**
(c) City or town **Barnard Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 miles West of Barnard.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LULA MAY POOL**

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

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

6. (b) Name of husband or wife **James Pool** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **December 2 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **13** If less than one day hr. min.

9. Birthplace **Andrew Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **own home**

12. Name **Thomas H. Warner**

13. Birthplace **Jacksonville Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Pagett**

15. Birthplace **Jacksonville Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Pool**

(b) Address **Barnard Mo.**

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

(c) Place: burial or cremation **Graham Mo.**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Maryville Mo.**

19. (a) **2-15-42** (b) **Chas. D. Humbert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **15**
year **1942** hour **1.00** minute **a.** M.

21. I hereby certify that I attended the deceased from **June 2 1940** to **Febr. 15 1942**
that I last saw her alive on **Febr. 9 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 yrs**

Due to **atherosclerosis** **20 yrs**

Due to **1**

Other conditions **none** **83a**
(include pregnancy within 3 months of death)

Major findings: Of operations **not made**

Of autopsy **not had**

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 **Chas. D. Humbert** (M. D. or other) **Ch. D.**
Address **Barnard, Mo.** Date signed **2/16/42**

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

74
6
0

548

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

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.