S. No. 2
—1-1-4
5-17-39
X26399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31543

FILED OCT 6 1942

Registration District No. 252 Primary Registration District No. 6190 Registrar's No. 38

106
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Taney
(b) City or town South Branson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DEACESED: 999
(a) State Arkansas (b) County Boone 3
(c) City or town Omaha 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Cay Henry Poor
3. (b) If veteran, name war no.
3 (c) Social Security No.

4. Sex male
5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 4 (Day) 1908 (Year)

8. AGE: Years ~~30~~ 36 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Omaha (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Crest Poor
13. Birthplace Washington (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Roberts
15. Birthplace Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Sister Mrs Poor
(b) Address Branson Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof Sept 11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crosier
18. (a) Signature of funeral director Merrill Whitlock
(b) Address Branson Mo
19. (a) Sept-11-42 (Date received local registrar) (b) Mary Muller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1942 hour 5:15 minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death After Death
Due to Car accident
Due to Crushed Head
Other conditions 2 Truck 2 truck
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 1 10 C.C.
Of autopsy 2.4

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) acc 106
(b) Date of occurrence 9-10-42.
(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? Public place (Specify type of place)
While at work? no (e) Means of injury 2 trucks
23. Signature L. E. Arnall J. Bassing (M. D. or other)
Address Coroner Jas Jones Co Mo Date signed

H2 Pat

1104 (Licensed Embalmer's Statement on Reverse Side) 2

RECEIVED
District Health Officer No. 6,
District File Number 1042-1417
Date Filed OCT 5 1942

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 Not Embalmed Registered Apprentice No. working under my personal supervision.

Signed Minnie L. Whitehead

Licensed Embalmer No. 2277

P. O. Address Branson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 315-43

Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 38

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Taney

(b) City or town (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cay Henry Poor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) Jan 4 (Day) 1936 (Year)

8. AGE: Years 36 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Car and truck wreck when side board of truck broke off

Due to

Other conditions (Include pregnancy within 3 months of death) 1700 cc

Major findings:
Of operations 27

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) Crushed head

(b) Date of occurrence September 19 1942

(c) Where did injury occur? ON HIGHWAY 65 (City or town) Branson (County) Mo (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? on Curve on public Highway near Branson (Specify type of place)

While at work? Yes (e) Means of injury Head Injury

23. Signature (M. D. or other)

Address Date signed