

FILED DEC 11 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 240

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
McCune Brooks Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)

In this community, \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 29

(a) State Missouri (b) County Dade 0

(c) City or town Greenfield - Rural 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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Laura Ellen Poe

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Harace Poe 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 23, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 0 0 0 hr. 0 min.

9. Birthplace Putnam County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER

12. Name William Fuqua

13. Birthplace Pike County, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Elizabeth Harbert

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

16. (a) Informant Mr. J. H. Poe

(b) Address R.F.D., Greenfield, Mo.

17. (a) Burial (b) Date thereof Nov. 24, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Daughtery Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 11/23/42 (b) Elizabeth Coupler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1942 hour 12 midnight

21. I hereby certify that I attended the deceased from Nov 15, 1942, to Nov 22, 1942, that I last saw her alive on Nov 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, acute

Due to: Pneumonia, influenza 3 wks.

Due to: \_\_\_\_\_

Other conditions: Hypertension 12 or 10 yrs.  
(Include pregnancy within 3 months of death) Obesity PHYSICIAN

Major findings: Of operations none

Of autopsy none

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? no

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Ernest [Signature] (M. D. or other) MD.  
Address Carthage Mo. Date signed 1942 23

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42-11-1009

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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 *Emm R. Kneef*

Licensed Embalmer No. *391*

P. O. Address *Carhoge*

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.