

41052

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

REG. JAN. 15 1942  
Registration District No. 205

Primary Registration District No. 3127

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City,  
(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 21 Years \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Myrtle May Poole

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ed. Poole 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May. 10, 1877  
(Month) (Day) (Year)

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

65	6	21	_____ hr. _____ min.
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9. Birthplace Winfield, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business Home

MOTHER FATHER

12. Name Marshall Elrod

13. Birthplace unknown Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Columbia T. House

15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed. Poole

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 12/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem.

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) Dec. 3, 1942 (b) M. M. L. L. L.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 6

(c) City or town Webb City,  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 801 W. Broadway  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
year 1942 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 23, 1942 to Dec 1, 1942,  
that I last saw her alive on Dec 1, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

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

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

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:  
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? \_\_\_\_\_

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

23. Signature O. F. Gregory (M. D. or other) MD  
Address Webb City, Mo. Date signed 12/1/42

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.

Rev. 5-17-39

1180

(Licensed Embalmer's Statement on Reverse Side)

42-12-1038

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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 *E. M. Hedge*

Licensed Embalmer No. 2859

P. O. Address *Webb Plains*

**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.**