

V. S. No. 2  
FORM-5-42  
REV. 5-17-39  
I X3287

9667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 374

FILED APR 14 1943

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5334 Halsey St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5334 Halsey St.  
(If rural, give location)  
(e) Citizen of foreign country No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herbert Arthur Pooley  
3. (b) If veteran, name war World War # 1 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 1  
year 1943 hour 5 minute 55 a M.

4. Sex Male 5. Color or race White 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 June 22, 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 27 1943 to March 1 1943  
that I last saw him alive on Feb. 28, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
48 8 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic myocarditis ?  
Due to Cardio-vascular renal disease ?

9. Birthplace Cornwall England 4  
(City, town, or county) (State or foreign country)

Due to Ventricular fibril tachycardia and nephritis (chronic) were in evidence.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation none  
11. Industry or business \_\_\_\_\_  
12. Name Thomas W. Pooley  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Annie Johns  
15. Birthplace England 4  
(City, town, or county) (State or foreign country)

Major findings: Of operations none 13/a  
Of autopsy none  
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Florence Pooley  
(b) Address 5334 Halsey St. St Joseph, Mo  
17. (a) Burial Ashland Cem. (b) Date thereof March 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director Robert M. ...  
(b) Address 5025 King Hill Ave  
19. (a) 3-3-43 (b) Rae Hering  
(Date received local registrar) (Registrar's signature)

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 B. Grant (M. D. or other) MD  
Address St Joseph, Mo. Date signed 3-2-43

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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

*Eric Clark*

Licensed Embalmer No. *4238*

P. O. Address *Joseph Me*

**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.**