

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

APR 18 1943  
Registration District No. 1

Primary Registration District No. 5988

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town BURK, F.M.F.P.

(c) Name of hospital or institution:  
WORTHINGTON, MO. RES.

(d) Length of stay: In hospital or institution 30 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam

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

(d) Street No. ST. 4th (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME JAMES FRANKLY POISON

3. (b) If veteran name war .....

3. (c) Social Security No. .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1943 hour .....

4. Sex M- 5. Color or race W

6. (a) Single, widowed, married, divorced 4 3

6. (b) Name of husband or wife JESSIE

6. (c) Age of husband or wife if alive 48 79 years

7. Birth date of deceased Aug 8 1879 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1940 to March 30 1943 that I last saw him alive on March 15 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 8 Days 24 hr. min.

Immediate cause of death Chronic Valvular Heart Disease

Due to Chronic Nephritis

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

Due to .....

Other conditions (Include pregnancy within 3 months of death) 121 f

10. Usual occupation RAIL ROAD WORKER

11. Industry or business .....

12. Name N.C. POISON

13. Birthplace .....

14. Maiden name JESSIE

15. Birthplace .....

Major findings: None

Of operations .....

Of autopsy .....

16. (a) Informant Hugh Poison

(b) Address WORTHINGTON, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 3-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation NAUING RD. MO.

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) Date received local registrar .....

(b) .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

23. Signature N.C. Garrison M.D. (M.D. or other)

Address .....

Date signed 3-30-43

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

MOTHER FATHER

15'

1943-3-30  
1879-8-6  

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63-724

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.....

working under my personal supervision.

....., Registered Apprentice No.....

RECEIVED

District Health Officer No. 10

Signed

*M. E. Husted*

District File Number 4-43-758

Licensed Embalmer No. 3304

Date Filed APR 15 1943

P. O. Address. Princeton, 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.