

Registration District No. **160**

Primary Registration District No. **3030**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **Festus**  
(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 **Missouri** (b) County **Jefferson**  
(c) City or town **Festus**  
(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 **William Walter Poole**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Esther Lee Poole** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **May 16 - 1890**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **1** Days **26** If less than one day hr. min.

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

10. Usual occupation **Bookkeeper**

11. Industry or business **Wholesale Lumber Co.**

12. Name **James Austin Poole**

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

14. Maiden name **Alice Balsom**

15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Walter Poole**

(b) Address **Festus Mo.**

17. (a) **Burial** (b) Date thereof **7-19-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Kennett Mo. (Oaklawn)**

18. (a) Signature of funeral director **H. S. Jorgard**

(b) Address **Festus Mo.**

19. (a) **July 14 1945** (b) **N. P. O'Heary**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12**  
year **1943** hour **5** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **January 24**, 19**40**, to **July 12**, 19**43**; that I last saw him alive on **July 12**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Recurrent Bilateral Pneumothorax, probably traumatic in origin.** Duration **(about) 25 yrs**

Due to **Chronic pleurisy both sides, (non-tuberculous).**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **175a-b** Of autopsy **3**

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) **Probably due to accident**

(b) Date of occurrence **about 25 yrs ago 035**

(c) Where did injury occur? **Kennett Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on Farm - Wagon ran over chest**

While at work? **yes** (Specify type of place) (e) Means of injury **Wagon wheel**

23. Signature **John F. Rutledge** (M. D. or other) **M.D.**

Address **Crystal City Mo.** Date signed **July 13 1945**

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

1 X26390  
50  
1

**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.....

*Alfred Mizard*

Licensed Embalmer No. *3010*

P. O. Address.....

*Foster 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.**