

FILED SEP 28 1943 149  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day - 2 hrs  
(Specify whether  
In this community 1 day - 2 hrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Adrian  
(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 Peggy Sue Poe

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

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

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

7. Birth date of deceased Sept 15 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>11</u> hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Otis Andrew Poe

13. Birthplace Bates Co, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Madys Ren Wilson

15. Birthplace Edwards Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Andrew Poe

(b) Address Adrian Missouri

17. (a) Burial (b) Date thereof 9-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adrian Mo

18. (a) Signature of funeral director Loeth & Sif  
(b) Address Adrian Mo

19. (a) 9-16-43 (b) J. E. Brown, Dep.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16  
year 1943 hour 8<sup>00</sup> P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 15 1943 to Sept 16 1943  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to \_\_\_\_\_  
Due to 159

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_ (Specify type of place)

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

23. Signature H. W. Walker (M. D. or other) \_\_\_\_\_  
Address 1624 Pmg Bldg Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

*This body not embalmed*

Signed..... *LeSist*

Licensed Embalmer No: *3150*

P. O. Address: *Adrian 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.