

No. 2
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-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34094

State File No.

FILED NOV 1931 1913

Registration District No. 1331817

Primary Registration District No. 3006

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1007 Grand Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1007 Grand Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME WILLIAM JAMES POFF

3. (b) If veteran, name war None

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 Jessie

6. (c) Age of husband or wife if alive 1875 years

7. Birth date of deceased 11 - 4 - 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Bell County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer & Coal Dealer

11. Industry or business

12. Name James C. Poff

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

14. Maiden name Sarah Yeager

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

16. (a) Informant Mrs. Wm. J. Poff

(b) Address 1007 Grand, Columbia, Mo.

17. (a) Burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Columbia, Mo.

19. (a) 10-12-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1943 hour 12:35 minute P. M.

21. I hereby certify that I attended the deceased from 10-6
1943 to 10-10-1943
that I last saw him alive on 10-10-
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Stroke
or heart

Due to Arteriosclerosis

Due to 83.0!

Other conditions 83.0!
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

Duration 4 days

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) No

(b) Date of occurrence No

(c) Where did injury occur? No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No

While at work No (Specify type of place)

(e) Means of injury No

23. Signature Edna H. Barber (M. D. or other)

Address Columbia, Mo. Date signed 10-12-43

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

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 *M. S. Whitfield*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Calumppia 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.