

FILED, JAN 5 1943

Registration District No. 1008

Primary Registration District No. 1008

1. PLACE OF DEATH:

(a) County Beechman
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1523 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution abt 35 (Specify whether years, months or days)
In this community abt 35

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Beechman
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 Prospect
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME CHARLOTTE - POE

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex Female 5. Color Wh race Wh 6. (a) Single, widowed, married Wid
6. (b) Name of husband or wife Geo M. Poe 6. (c) Age of husband or wife if alive, years 34
7. Birth date of deceased Feb 14 1859
(Month) (Day) (Year)

8. AGE: 84 Years 10 Months 5 Days If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Mark Cunningham
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary M. Poe
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Incident Mac B. Stennett
(b) Address St Joseph Mo
17. (a) B. St Joseph Mo (b) Date Dec 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Cem.

18. (a) Signature of funeral director Stoney Funeral Home
(b) Address St Joseph Mo
19. (a) 12-22-43 (b) Roe Hezgon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1943 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from Dec 18 1943 to Dec 19 1943 that I last saw her alive on Dec 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Croupy Throatitis Influenza
Duration 2 days 2 days

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings: Of operations 94 a Of autopsy 94 a
PHYSICIAN 94 a
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? _____ (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 J. P. Elliott (M. D. or other) MD
Address 801 1/2 Irons St Date signed 12/29/43

1203

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..... *John Roy Stoney*
Licensed Embalmer No..... *2435*
P. O. Address..... *St Joseph 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.