

S. No. 2
M-5-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 48189
Registrar's No. 108

FILED JAN 7 1943
Registration District No. 7

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Creswell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Carroll Pool

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1943 hour _____ minutes 3:00 P.M.

21. I hereby certify that I attended the deceased from 11-28, 1943 to 11-29, 1943
that I last saw h/alive on 11-29, 1943
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Pearl Pool

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 17 1891
(Month) (Day) (Year)

Immediate cause of death Memoria
Cardiac Decompensation
Due to Pulmonary edema
Hypertension

Due to _____

8. AGE: Years Months Days If less than one day

52 4 12 _____ hr. _____ min.

Duration 3-4 day
5-6 day
4-5 day
years

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Geo. H. Pool

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

14. Maiden name Sarah Layton

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

16. (a) Informant Dorsey Pool

(b) Address Kennett, Mo

17. (a) Burial (b) Date thereof 12-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Four - mile

18. (a) Signature of funeral director Landess and Son

(b) Address Campbell, Mo

19. (a) 12/8/43 (b) Julius Blankenship
(Date received local registrar) (Registrar's signature)

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?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.R. Lawrence (M. D. or other) M.D.

Address Kennett Mo Date signed 12-5-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 144-3

Date Filed 1-5-43

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 Christina M. Landless

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 de (Specify whether
in this community _____ years, months or days)

3. (a) PRINT FULL NAME Wm. C. Pool
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 45 year

7. Birth date of deceased July 17 (Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 17 (If less than one day, min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

20. DATE OF DEATH: Month July Year 1943 Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Chemia (Chronic)
Nephritis
Due to Pulmonary Edema
Hypertension
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 131 f
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. C. Pool (M. D. or other) MD
Address Kennett, Mo. Date signed 1-17-44

SUPPLEMENTAL MEDICAL CERTIFICATION

Duration 2 de.
PHYSICIAN
Underline the cause to which death should be charged statistically.

S-42169