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FILED FEB 9 1944
Registration District No. **200**

Primary Registration District No. **3041**

Registrar's No. **12**

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

1. PLACE OF DEATH:
(a) County **Macon**
(b) City or town **Macon**
(c) Name of hospital or institution: **Samaritan Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 hours** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Shelby**
(c) City or town **Clarence, Mo**
(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 **George Edward 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 **Lou Annis Poole** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **June 6 1870**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **Tenn.** (City, town, or county) (State or foreign country)
10. Usual occupation **Minister**

11. Industry or business
12. Name **R. Merideth Poole**
13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)
14. Maiden name **Morris**
15. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Gregory Poole (son)**
(b) Address **Kirksville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 2 1944** (Month) (Day) (Year)
(c) Place: burial or cremation **Maplewood-Clarence**

18. (a) Signature of funeral director **C. C. Hopper**
(b) Address **Clarence, Mo.**
19. (a) **2/4/44** (Date received local registrar) (b) **Prada Hunchler** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **31** year **1944** Hour **10 P** M.
21. I hereby certify that I attended the deceased from **Jan 31 1944** to **Jan 31 1944** and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral hemorrhage 2 days**

Due to **Arterio sclerosis with hypertension**
Due to
Other conditions (Include pregnancy within 3 months of death) **g3al**
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 **M. P. Honorey** (M. D. or other) **2**
Address **Clarence, Mo** Date signed **2-1-1944**

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

1051

RECEIVED

District Health Officer No. 10

District File Number 2-44-333

Date Filed FEB 8 1944

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

Licensed Embalmer No. 426

P. O. Address Clarence, 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.

MAY 19 1944
2 1944