

FILED APR 15 1944
187

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Jackson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Male Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kan City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3026 E 34 st
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Joe Poore

3. (b) If veteran, name war _____

no

3. (c) Social Security No. _____

none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married married

6. (b) Name of husband or wife Rynthia

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 26 1885
 (Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 9
 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business retired

12. Name Joe Poore

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

14. Maiden name no record

15. Birthplace no record
 (City, town, or county) (State or foreign country)

16. (a) Informant James Poore

(b) Address 3826 E 34 st

17. (a) Buried (b) Date thereof 4/8/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Mo

18. (a) Signature of funeral director Dwight Mayberry

(b) Address 2315 Pennwood

19. (a) 4-7-44 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
 year 1944 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 27 1944 to April 5 1944
 that I last saw him alive on April 5 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
 Due to Coronary of Prostate

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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) _____

(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) (a) Means of injury _____

23. Signature Dr. C. M. Smith (M. D. or other) D.O.

Address Lobato Hospital Date signed 4-6-44

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

NOV 29 1950

MAY 15 1948

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 Roy E Snow
Licensed Embalmer No. 2566
P. O. Address KC 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.