

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED APR 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10945
Registrar's No. 40

Registration District No. 120 Primary Registration District No. 5444

8000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Sentry

(b) City or town Altamont Rural within 1.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Sentry County 5 Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sentry 38

(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME William Franklin Poe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from bee l 1944 to Mar 30 1944
that I last saw him alive on Mar 30 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Maud A. Sporn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 25 - 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 3 Day

Due to _____

Due to _____

8. AGE: Years 67 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

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

10. Usual occupation retired farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Franklin Poe

13. Birthplace Unknown Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Perneary E. Black

15. Birthplace Worth Mo 0
(City, town or county) (State or foreign country)

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? _____

16. (a) Informant Wilbur Poe

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof Apr 1 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J N Barger (M. D. or other) _____
Address Albany Mo Date signed 2-20-44

18. (a) Signature of funeral director Albany Mo

(b) Address _____

19. (a) 3-31-1944 (b) Home D. White
(Date received local registrar) (Registrar's signature)

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Burns

Licensed Embalmer No. 3329

P. O. Address Albany 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.