No. 2
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17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15322

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 43

1. PLACE OF DEATH:

(a) County NEWTON

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL") 2

(d) Street No. 822 No. LINCOLN St.
(If rural, give location)

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

3. (a) PRINT FULL NAME JACKIE DEE POGUE

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 Infant

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased MARCH (Month) 24 (Day) 1943 (Year)

8. AGE: Years 1 Months 0 Days 14 If less than one day ____ hr. ____ min.

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

10. Usual occupation INFANT

11. Industry or business ____

FATHER
12. Name LUTHER E POGUE
13. Birthplace STELLA (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name WILMA BOWMAN
15. Birthplace MONETT (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs Luther E. Pogue
(b) Address Neosho Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Neosho S.O.O.

18. (a) Signature of funeral director Carey Thompson
(b) Address Neosho Mo.

19. (a) 4-13-1944 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from April 8, 1944, to ____, 19__; that I last saw him alive on April 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Toxic poisoning

Due to Drinking Kerosene

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.

179X
13

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 073

(b) Date of occurrence April 8, 1944

(c) Where did injury occur? Neosho (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? — play (e) Means of injury Drinking Kerosene

23. Signature Charles F Sutton (M.D. or other)

Address 113 W. Hickory, Neosho, Mo. Date signed 4-12-44

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-25-44

District Health Officer No.

District File Number 44-85

Date Filed 4-26-44

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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.