S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Luten

State File No. 18321

FILED JUN 8 1944

Registrar's District No. _____ Primary Registration District No. 5909 Registrar's No. 58

1. PLACE OF DEATH

(a) County: Pemiscot

(b) City or town: Caruthersville - Little Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1 One
(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)
In this community: Thirty Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot

(c) City or town: Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No.: Route #1
(If rural, give location)

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

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0

3. (a) PRINT FULL NAME: Mattie Lou Poole

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: F. M.

5. Color or race: White

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: 1882 years

7. Birth date of deceased: November (Month) 30 (Day) 1886 (Year)

8. AGE: Years 61 57 | Months 3 | Days 21 | If less than one day: _____ hr. _____ min.

9. Birthplace: Harrisburg (City, town, or county) Ark. (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: _____

12. Name: Will Vanhoose

13. Birthplace: Searcy (City, town, or county) Ark. (State or foreign country)

14. Maiden name: Virginia Wardy

15. Birthplace: Fulton (City, town, or county) Ky. (State or foreign country)

MOTHER FATHER

16. (a) Informant: Edith Poole

(b) Address: R. 1 Caruthersville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Lawn

18. (a) Signature of funeral director: H. S. Smith Funeral Home

(b) Address: Caruthersville Mo

19. (a) 6-3-1944 (Date received local registrar) (b) Jessie N. Marsh (Registrar's signature)

Cause of death
6-2-44
Hutchle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1 1942, 19____, to _____, 19____; that I last saw h. alive on May 21st, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial	
Due to: Nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

3/a

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: J. B. Luten (M. D. or other)

Address: Caruthersville Mo Date signed: 5-22-44

(Licensed Embalmer's Statement on Reverse Side)

5-44-120

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 Walter A Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Pemiscot }

State File No.
Local Registrar's No. 270

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8 day of June, 1944, before me appears Gertrude Poole, who, upon her oath, states that the original record of ~~birth~~ death for Mattie Lou Poole, died ~~born~~ May 21, 1944 in the State of Missouri, and which was filed at Caruthersville on 6-3, 1944 should be corrected as follows:

Item No. 7 should read Nov. 30 1882
Instead of Nov. 30 1886
Item No. 8 should read 61 years 5 Months 21-days
Instead of 57 " 5 " 21 "
Item No. 21 should read I attended Mrs Mattie Lou Poole from 1942 to 1944
Instead of 1940
Item No. should read J B Litton MD
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gertrude Poole Daughter
Relationship.

Rte. 1, Caruthersville, Mo.
Present Address.

Subscribed and sworn to before me this 10 day of June, 1944

My Commission expires Sept 10 46

M E Daniel
Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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