G. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18884

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 3 da. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

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

(d) Street No. Rt. 1. East of Rolla (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mabel Gay Pohle

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl A Pohle

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

7. Birth date of deceased June (Month) 17 (Day) 1902 (Year)

8. AGE: Years 41 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Rolla (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Homemaker

11. Industry or business

FATHER
12. Name Eugene Gay
13. Birthplace (City, town, or county) Switzerland (State or foreign country) 5

MOTHER
14. Maiden name Marrie Ancey
15. Birthplace (City, town, or county) Switzerland (State or foreign country) 5

16. (a) Informant Carl A Pohle

(b) Address Rolla, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-44 (Month) (Day) (Year)

(c) Place: burial or cremation Flat Grove

18. (a) Signature of funeral director Alfred T. Smith

(b) Address Rolla, Mo.

19. (a) 5/15/1944 (Date received local registrar) (b) J Ellis Mallon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 4 minute 43 P M.

21. I hereby certify that I attended the deceased from May 7, 1944, to May 10, 1944 that I last saw him alive on May 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured common bile duct.

Due to Chronic cholecystitis.

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.

127 61

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 0

23. Signature A Lorimer McFarlane (M. D. or other)

Address Rolla, Mo. Date signed 5/13/44

1.42

(Licensed Embalmer's Statement on Reverse Side)

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. [illegible]

Licensed Embalmer No. 3643

P. O. Address. Cuba, 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.