

FILED SEP 13 1944

Registration District No. **2**

Primary Registration District No. **3048**

Registrar's No. **124**

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

1. PLACE OF DEATH: **Nodaway**
 (a) County **Nodaway**
 (b) City or town **Maryville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Francis hospital**
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **1 day**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri **Nodaway 74**
 (a) State **Missouri** (b) County **Nodaway**
 (c) City or town **Graham** (rural) **5**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3 1/2 miles S.W.**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Maggie Pool**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **10**
1944 year hour **1** minute **15**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Nov. 29 1867**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1944** to **Aug. 10 1944**
 that I last saw her alive on **Aug. 9 - 1944** and that death occurred on the date and hour stated above.
 Immediate cause of death **Septicemia from Lockjaw - caused by a cat-bite about one month previously.** Duration _____

8. AGE: Years **76** Months **8** Days **11** If less than one day hr. min.
 9. Birthplace **Ross County Ohio**
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) **✓**

10. Usual occupation **housewife**
 11. Industry or business _____
 12. Name **John W. Pool**
 13. Birthplace **Unknown Ohio**
 (City, town, or county) (State or foreign country)

Major findings: **✓**
 Of operations **✓**
 Of autopsy **✓**
 PHYSICIAN **✓**
 Underline the cause to which death should be charged statistically.

14. Maiden name **Barbara Beach**
 15. Birthplace **Unknown Ohio**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **Miss Ella P. Pool**
 (b) Address **Graham Missouri**
 17. (a) **burial** (b) Date thereof **8-12-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Graham Cemetery**

22. If death was due to external causes, fill in the following:
 (c) 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? **✓**

18. (a) Signature of funeral director **Paul F. ...**
 (b) Address **Maryville Mo.**
 19. (a) **8-12-44** (b) **Amy Carter**
 (Date received local registrar) (Registrar's signature)

While at work? **✓** (Specify type of place)
 (e) Means of injury **✓**
 23. Signature **Geo. J. Bell** (M. D. or other)
 Address _____ Date signed **8/12/44**

MAR 1 4 1950

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.....
Licensed Embalmer No. 2539
P. O. Address Mayville 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.