

FILED OCT 13 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 64 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 408 E. Third St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21  
year 1944 hour 1 minute 20 M.

21. I hereby certify that I attended the deceased from 9-19 1944 to 9-21-44 1944;  
that I last saw him alive on 9-21-44 1944;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Myocarditis Duration

Due to Cerebral Thrombosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) [Signature]  
Address [Address] Date signed 9-23-44

3. (a) PRINT FULL NAME Ernie Ellsworth Poland

3. (b) If veteran, name war No 3. (c) Social Security No. 490-10-2102

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Adeline Morris 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased July 2 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hamilton County Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miller

11. Industry or business None

MOTHER FATHER { 12. Name John V. Poland  
13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Adeline Morris  
15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. C. Harper

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 9/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faskin Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Sept. 23 '44 (b) Elizabeth Complin  
(Date received local registrar) (Registrar's signature)

1203 (Licensed Embalmer's Statement on Reverse Side)

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

44-10-821

**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 *Erwin L. Frey*

Licensed Embalmer No. 391

P. O. Address *Carthage*

**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.**