

**FILED** JUL 24 1945 **STANDARD CERTIFICATE OF DEATH**

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Isolation Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1118 Lincoln Street, //  
(If rural, give location) 7  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LaDonna Joyce Poe

3. (b) If veteran, name war none 3. (c) Social Security No. none

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 December 2 1932  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>7</u>	<u>13</u>	hr. _____ min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business Webster School

12. Name Loyde Poe

13. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Loubey

15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Loyde Poe

(b) Address 1118 Lincoln Street,

17. (a) burial (b) Date thereof 7/16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Betler & Bowman

(b) Address 319 South 10th Street

19. (a) 7/16/45 (b) Helen J. Pickle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1945 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 14 1945 to July 15 1945  
that I last saw him alive on July 15 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Polio myelitis Bulbar type Duration 4 d.

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

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

Other conditions Bronchopneumonia 2d.  
(Include pregnancy within 3 months of death)

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

Of autopsy 36

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 H. E. Petersen (M. D., or other) \_\_\_\_\_

Address 624 Francis Street Resigned 7-16-45

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

1377

Mr. H. E. Peterson  
Kirk Bldg.

**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 Frank A. Downey

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.**