

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6729**

Registration District No. **279**

Primary Registration District No. **4415**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County **PIKE**

(b) City or town **CLARKSVILLE - Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CLARKSVILLE - Mo. - HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **15 YEARS**
years, months or days

3. (a) PRINT FULL NAME **MARY ELLEN CONNER POORE**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **FEMALE**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JAMES POORE**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **FEBRUARY - 7 - 1856**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	11	23	hr. _____ min. _____

9. Birthplace **Pike County - Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER

12. Name **IRA GUTHRIE**

13. Birthplace **Pike Co. Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Rowley**

15. Birthplace **Pike Co. Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **CHARA KEMERY**

(b) Address **GARDINIA, Calif.**

17. (a) **BURIAL** (b) Date thereof **1-31-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LOUISIANA, Mo.**

18. (a) Signature of funeral director **F. Scotty Brown**

(b) Address **Clarksville, Missouri**

19. (a) **1-31-46** (b) **Ruda Richard**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike 82**

(c) City or town **CLARKSVILLE**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ Town _____
(If rural, give location)

(e) Citizen of foreign country? **No.** or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **30th**
year **1946** hour **2** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **Jan 15th** 1946 to **Jan 30th** 1946
that I last saw her alive on **Jan 29th** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **10 days**

Due to **Influenza** **15 days**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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 **E. M. Bartlett** (M. D. or other) _____
Address **Clarksville Mo.** Date signed **1/30/46**

Missouri State Board of Health
Division No. 3-46-416
Date Filed MAR 11 1946

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

F. Scotty Brown

Registered Apprentice No. _____

working under my personal supervision.

Signed F. Scotty Brown

Licensed Embalmer No. 3995

P.O. Address Clarksville, 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.