

FILED MAY 27 1946
294

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town College Mound
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Elmer Poe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Rozella Poe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 13 1876
(Month) (Day) (Year)

20. DATE OF DEATH: Month March day 12
year 1946 hour 8:25 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6-29, 1945, to 3-17, 1946
that I last saw him alive on mar 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Suffering of Brain due to Hemiparesis
Duration _____

AGE	Years			Days	If less than one day
	Years	Months	Days		
70	0	29		hr. _____ min.	

9. Birthplace College Mound Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation General Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Poe
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary C. Leathers
15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. George E. Poe
(b) Address Huntsville, Missouri
17. (a) burial (b) Date thereof 3/15/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Salem Cemetery

18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville, Mo
19. (a) Apr 2-46 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

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:
(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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature G L McCormick (M. D. or other) MD
Address Moberly Mo Date signed 3-27-46

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

16631

RECEIVED
District Health Officer No. 10
District File Number 5-46-951
Date Filed MAY-23-1946

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Joni B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville W

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.