

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30715

State File No.

FILED SEP 27 1946

Registration District No.

Primary Registration District No.

2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2424 Wall St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2424 Wall St;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. No

3. (a) PRINT FULL NAME Ida M. Poole

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

4. Sex Fem. / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife C.S. Poole
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased May 29, 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 18
If less than one day hr. min.

9. Birthplace St. Joseph Co; Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business

MOTHER FATHER
12. Name William O. Miller
13. Birthplace Indiana
14. Maiden name Harriett Cook
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant 2424 Wall St; Joplin Mo.
(b) Address

17. (a) Burial Burial (b) Date thereof Sept 18, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 9-19-46 (b) W. D. Jenner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 16, 1946
year hour 7-00 A.M. minute M.
21. I hereby certify that I attended the deceased from Jan 14 - 1944
to Sept 16, 1946
that I last saw her alive on Sept 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure
Due to chr. arthritis
chr. myocarditis
Duration several years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93D

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) (e) Means of injury
23. Signature Jacksonworth (M. D. or nurse)
Address Joplin Mo Date signed 9/18/46

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

138

46-8-809

MAR 22 1949

AUG 27 1947

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 *William M. Dungey*.....

Licensed Embalmer No. *3866*.....

P. O. Address *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.