

No. 2  
M-5-43  
7-5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21740

FILED JAN 2 1947  
298

Registration District No. 298

Primary Registration District No. 6023

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Ray

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 83-10-15  
years, months or days

**3. (a) PRINT FULL NAME** Oscar B. Poe

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Amanda Poe

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 4, 1863  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	10	15	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER { 12. Name Manson Poe

{ 13. Birthplace Clay County, Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lucynthia Watson

{ 15. Birthplace Clay County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Henry

(b) Address Knoxville, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 11/21/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri City

18. (a) Signature of funeral director Quest-Lile F. Home

(b) Address Richmond, Mo.

19. (a) Dec. 18, 1946  
(Date received local registrar)

(b) Mrs. Raymond Brown  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO.

(b) County Ray

(c) City or town Knoxville, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No  
(Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 19  
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-19-46, 19\_\_\_\_, to 11-19-46, 19\_\_\_\_,  
that I last saw him alive on 11-18-46, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis

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

Other conditions 83A  
(Include pregnancy within 3 months of death)

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

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

Duration 9 days

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)

Means of injury \_\_\_\_\_

23. Signature Thos. J. Cook (M. D. XXXX)

Address Richmond, Mo. Date signed 12-2-46

364 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
40552

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-31-46

---

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Richmond

**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.**