

FILED FEB 11 1947

Registration District No. 376

Primary Registration District No. 6069

Registrar's No. 27

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Inondale - R R #1 (Iron Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Rural
(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 Mike Smith Poff

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 Married
6. (b) Name of husband or wife Ettie Poff
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Aug. 6 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Mount Vernon Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown 9

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ettie Poff

(b) Address Doe Run, Missouri

17. (a) Burial (b) Date thereof Feb. 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delassus Cem. Delassus.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 2-6-47 (b) Ethel Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1947 hour 5 minute 10 P.A.M.

21. I hereby certify that I attended the deceased from June 15, 1947 to Feb 4, 1947
that I last saw him alive on 2-1-1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
arterio sclerosis
Due to _____

Due to Senility

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration

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? No.

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. W. Hoffmann (M. D. or other) MD
Address Springfield, Mo Date signed 2-5-47

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

MOTHER FATHER

289

RECEIVED

District Health Officer No. 4

State Health Number 247-213

Date Filed 2-10-47

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..... *Paul H. Dwyer*

Licensed Embalmer No. 4120

P. O. Address..... *Lawrence, 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.