S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28282

FILED AUG 23 1947

Registration District No. 3075 Primary Registration District No. 3039 Registrar's No. 132

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn 58
(c) City or town: Marceline 2
(If outside city or town limits, write "RURAL")
(d) Street No.: N. Kansas 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ernest Gilpin Poe.
3. (b) If veteran, name war: ✓
3. (c) Social Security No. 709-14-2914
4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Evelyn Cairns
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: Oct (Month) 30 (Day) 1884 (Year)

8. AGE: Years 62 Months 9 Days 3 If less than one day hr. min.

9. Birthplace: DeWitt (City, town, or county) Mo (State or foreign country)
10. Usual occupation: R.R. Conductor
11. Industry or business:
MOTHER FATHER
12. Name: Spencer Poe
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name: Anna Treig
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs E. G. Poe.
(b) Address: Marceline
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet
18. (a) Signature of funeral director: James McCarty Allen
(b) Address: Marceline Mo
19. (a) Aug 5 47 (Date received by local registrar) (b) Lethelton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1947 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 9, 1947 to August 3, 1947 that I last saw him alive on August 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 wks.
Due to: Hypertensive heart disease.	6 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: C/B/D	
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: B B Hurst (M. D. or other) M.D.
Address: Marceline, Mo. Date signed 8-4-47

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1947

SEP 8 1954

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Lilburn Keith Tillotson, Registered Apprentice No. 438, working under my personal supervision.

Signed Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.