

S. No. 2
M-5-43
5-17-39
I X36871

FILED DEC 8 1947
Registration District No. 240

Primary Registration District No. 4427

State File No. _____
Registrar's No. 151

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution a da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Texas 107
(c) City or town Licking Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 Mi NW of Licking Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Glenda Kay Poe
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 25
year 1947 hour 11 minute 45
21. I hereby certify that I attended the deceased from Nov 23
1947, to Nov 25, 1947
that I last saw her alive on 11-25, 1947
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10-5-1944
(Month) (Day) (Year)

Immediate cause of death
meningitis
Due to type unknown
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 3 Months 1 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Licking Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Arthur Poe
13. Birthplace Blooming Rose Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Letma Smothers
15. Birthplace Okla 1
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Arthur Poe
(b) Address Licking, Mo.

17. (a) removal (b) Date thereof 11-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vancluse Cem

18. (a) Signature of funeral director [Signature]
(b) Address Licking Mo.

19. (a) Dec. 5 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Waynesville Mo Date signed [Signature]

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

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.....

Robert Ferguson

Licensed Embalmer No.....

3945

P. O. Address.....

Licking 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.