

S. No. 2
M-8-43
5-7-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44533

State File No. _____

Registration District No. 290

Primary Registration District No. 15-966-

Registrar's No. 40

1. PLACE OF DEATH: PLATTE RURAL- PRESTON

(a) County _____
 (b) City or town _____
 (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 65 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PLATTE
 (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 William Fleming Poff
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th year 1947 hour 2 A.M. minute ✓ M.
 21. I hereby certify that I attended the deceased from on Dec. 8, 1947, to _____, 19____; that I last saw him alive on Dec. 8 -, 1947; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased 1 - 19 - 1862
 (Month) (Day) (Year)

Immediate cause of death apoplectic stroke and infirmities of old age.
 Due to Hypertension.

8. AGE: Years Months Days If less than one day
85 10 22 hr. _____ min.

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

9. Birthplace Floyd Co., VIRGINIA
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____
 12. Name UNKNOWN
 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary E. Poff
 (b) Address Edgerton Mo.
 17. (a) BURIAL (b) Date thereof 12-12-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GRAYSON CEMETERY
 18. (a) Signature of funeral director Rollins & Nash
 (b) Address Edgerton Mo.
 19. (a) Dec 16 - 47 (b) Alpha Rollins
 (Date received local registrar) (Registrar's signature)

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 0
 23. Signature John R. Robinson (M. D. or D. O.)
 Address Edgerton, MO. Date signed 12-11-47

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-48

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 Vivian R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.