

S. No. 2
M-1/47
5-17-39

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 827 Bond St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 16 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 827 Bond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Cornelia Britt Poe

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced. W 21

6. (b) Name of husband or wife Thomas Creeva Poe

6. (c) Age of husband or wife if alive 8-1865 years (Month) (Day) (Year)

7. Birth date of deceased 3-8-1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 0 If less than one day .hr. min.

9. Birthplace North Carolina (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business.....

12. Name Alex Britt

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

14. Maiden name Elyzabeth Allen

15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant William Alex Brannon

(b) Address 827 Bond, Moberly, Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date the Feb 10-48 (Month) (Day) (Year)

(c) Place: burial or Wagon Hill, Mo.

18. (a) Signature of funeral director James C. Skillion

(b) Address Moberly, Mo.

19. (a) Feb 10-48 (Date received local registrar) (b) Jeal McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1948 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb 6, 1948 to Feb 7, 1948; that I last saw her alive on Feb 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to arterio-sclerosis

Due to HTA

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

PHYSICIAN

Major findings: Of operations none

Of autopsy none

Underline the cause of 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.....

23. Signature W. Dreyer (M. D. or other) MD

Address Huntsville, Mo. Date signed 2/8/48

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

MOTHER FATHER

long 1004
5264

RECEIVED
District Health Officer No. 10
District File Number 2-48-332
Date Filed FEB 16 1948

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 Marion E. Mellison

Licensed Embalmer No. 3957

P. O. Address Shelby 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.