

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF STATISTICS
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

16477
State File No. 2298
Registrar's No.

FILED JUN 12 1948
Registration District No. 49

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community unknown years, months or days

3. (a) PRINT FULL NAME Willard Poole
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1894 years
7. Birth date of deceased Nov. 27 1894
(Month) (Day) (Year)

8. AGE: Years 53 ~~54~~ Months 3 Days 18
If less than one day hr. min.

9. Birthplace Ind.
(City, town, or county) (State or foreign country)
10. Usual occupation Waiter

11. Industry or business
12. Name William Poole
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Nora Lester
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 1

17. (a) Burial (b) Date thereof 6-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K.C. Kan.

19. (a) 6-1-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 548 Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15
year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 13 1948 to April 15 1948
and that death occurred on the date and hour stated above.
that I last saw him alive on April 15 1948

Immediate cause of death Coronary thrombosis
Duration

Due to
Due to

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

Major findings: Of operations
Of autopsy None
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) (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-15-48

Dr. [unclear]

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.....

Blaine E. Weibert

Licensed Embalmer No.

4075

P.O. Address.....

L.C. No.

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.