

FILED JUL 10 1948

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Higginsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Thirty six years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette  
(c) City or town Higginsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Nannie McKrittrick Poisal

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife S. E. Poisal Sr 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Dec 15 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 9 hr. \_\_\_\_\_ min.

9. Birthplace Sweet Springs, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James McKrittrick  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen Roberts  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Forderhase  
(b) Address Higginsville, Missouri.

17. (a) Burial (b) Date thereof 6/27/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville City

18. (a) Signature of funeral director Not Made  
(b) Address Higginsville, Mo.

19. (a) June 25-1948 (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1948 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 24, 1948  
to June 24, 1948  
that I last saw him alive on June 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 hr.

Due to Diabetes Many yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: Of operations \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Robert D. Bein (M. D. \_\_\_\_\_)  
Address Higginsville, Mo. Date signed 6-24-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-9-48

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.....

*Ronald Rees*

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.