No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41024

Primary Registration District No. 3052

Registrar's No. 368

1. PLACE OF DEATH:

(a) County: Pettis

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

(c) Name of hospital or institution: 643 East 19th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Since 1919 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis 80

(c) City or town: Sedalia 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 643 East 19th 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Sherman Poulter

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lucy M. Poulter

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: September (Month) 2 (Day) 1864 (Year)

8. AGE: Years 84 | Months 3 | Days 9 | If less than one day: hr. min.

9. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: unknown

MOTHER FATHER

12. Name: John D. Poulter

13. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)

14. Maiden name: Mary D. Wright

15. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Lucy M. Poulter

(b) Address: 619 E. 19th, Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 13 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill Cemetary

18. (a) Signature of funeral director: D. W. Hickey

(b) Address: 403 So. Ohio St. Sedalia Mo

19. (a) 12-13-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1948 hour 8 00 minute a M.

21. I hereby certify that I attended the deceased from Dec 7, 1948, to Dec 11, 1948, that I last saw him alive on Dec 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis and Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic gangrene of toe	4da

Major findings of operation:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury:

23. Signature: R. L. Walter (M. D. or other) MD

Address: Sedalia Mo Date signed 12-13-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 12-30-48

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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.