FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1948

Registration District No. 1487

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4499

State File No. 42194

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County: Shelby Countyge
(b) City or town: Shelbina, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 47 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102
(c) City or town: Shelbina, Missouri 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None 1

3. (a) PRINT FULL NAME: Rueben P. Poage
3. (b) If veteran, name war: X
3. (c) Social Security No.: X

4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jeannette
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Nov. (Month) 12 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69		29	____ hr. ____ min.

9. Birthplace: Monroe County, Missouri 1
(City, town, or county) (State or foreign country)
10. Usual occupation: Veternary Surgeon
11. Industry or business: Same
FATHER
12. Name: James A. Poage
13. Birthplace: Unknown 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ella Hickman
15. Birthplace: Unknown 4
(City, town, or county) (State or foreign country)
16. (a) Informant: Jeannette Poage
(b) Address: Shelbina, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: IOOF Shelbina, Mo.
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Shelbina, Missouri
19. (a) 12-15-48 (Date received local registrar) (b) Ada Harrison (Registrar's signature) 417

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1948 hour 4 minute P M.
21. I hereby certify that I attended the deceased from Dec. 11, 1948, to Dec 11, 1948; that I last saw h. ____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	4 min.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N/A	
Of autopsy:	

PHYSICIAN — 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: R. L. Caldwell (M. D. or other) D.O.
Address: Shelbina, Mo. Date signed Dec. 15

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-48-216
Date Filed DEC 20 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 James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina, Missouri

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.