

Registration District No. 254

Primary Registration District No. 5867

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Thayer, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
/  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 63 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Poulette

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

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

6. (b) Name of husband or wife Louis N. Poulette 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 4 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	1	18	_____ hr. _____ min.

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

10. Usual occupation Housewife

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

12. Name Frank Joule, Sr.

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

14. Maiden name Lizzie Miller

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

16. (a) Informant Virgil Poulette

(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24, 1949  
(Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Thayer, MO.

19. (a) 4-17-1949 (Date received local registrar) (b) Ella Crass (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon  
(c) City or town Thayer, Rural  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22 year 1949 hour 4 minute 27 P.M.

21. I hereby certify that I attended the deceased from Jan 19 to Feb 22 1949 that I last saw him alive on Feb 22 1949 and that death occurred on the date and hour stated above.

Immediate cause of death Dacoinom of liver

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

Other conditions (Include pregnancy within 3 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) (e) Means of injury \_\_\_\_\_

23. Signature W. D. O'Gara (M. D. or other) MO  
Address Thayer, Oregon Date signed 5-7-49

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number 549336

Date Filed 5-6-49

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.....

Leland Carter  
Licensed Embalmer No. 4516

P. O. Address.....  
Traverse City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.