

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18691**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 713

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buch.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 47 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 521 Monroe, St.	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) C.	c. (Last) Poe	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Motorman	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Harrison County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME OLIVER POE	13b. MOTHER'S MAIDEN NAME ARIANA GRAMM	14. NAME OF HUSBAND OR WIFE Minnie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ??	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Poe-St. Joseph, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Some years? 191X Some years?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of face		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Symphatic Scurvina, Chronic Diabetes Mellitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/9, 1948 to 6/18, 1949, that I last saw the deceased alive on 6/18, 1949, and that death occurred at 11: P m., from the causes and on the date stated above.

23a. SIGNATURE Ray Redwood, M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 6/20/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE JUNE-21-49	24c. NAME OF CEMETERY OR CREMATORY ASHLAND	24d. LOCATION (City, town, or county) (State) ST. JOSEPH, MO
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DATE REC'D BY LOCAL REG. June 29, 1949	REGISTRAR'S SIGNATURE L. C. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE By Wm. Stamey	ADDRESS Stamey Funeral Home - St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Roy Stamer

Licensed Embalmer No.

24 35

P. O. Address

St. Joseph

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.