

NOV 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36120
 Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 462
 (b) Township Washington Primary Registration District No. 5626 Registered No. 61
 (c) City..... (d) Street No..... St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 Charles H. Pool

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27th 1853

7. AGE YEARS 84 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Mo.13. NAME Ephriam Pool14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graceland Co. Va.15. MAIDEN NAME Arminia Morton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.17. INFORMANT (ADDRESS) Stephen Pool
Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Higginsville DATE 25 Oct 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Hader
Higginsville, Mo.20. FILED Oct 23 - 1938 Mrs. E. M. Goodwin
Local Registrar. 411

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 22 - 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1938, to Oct 22 - 1938I last saw him alive on Oct 11th 1938. Death is saidto have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Increasing hemorrhages

Date of onset

Other contributory causes of importance:

Paralysis of throat muscles
resulting in incontinence

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed) Jacobs....., M. D.(Address) Higginsville, Mo.

VED
Health Officer No. 8,
File Number 837/11

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. 8637, working under my personal supervision.

Signed Robert Rankhof

Licensed Embalmer No. 8637

P. O. Address Higginville, 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, above space should be left blank.