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FILED JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17691

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2221

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

1. PLACE OF DEATH:

(a) County Jackson 1

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

(c) Name of hospital or institution: Research Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Mo (b) County Clay

(c) City or town North Kansas City Mo (If outside city or town limits, write "RURAL")

(d) Street No. 2026 Clay St (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME J. D. POE John Dwyer Poe

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

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased May (Month) 31 (Day) 1915 (Year)

8. AGE: Years 24 Months 11 Days 29 If less than one day ____ hr. ____ min.

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

10. Usual occupation Carter Baking Co

11. Industry or business Bakery 0

FATHER
12. Name Arthur Poe 0
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lizzebelle Dwyer
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Arthur Poe

(b) Address 2026 Clay No K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 40 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address No Kansas City Mo

19. (a) May 30, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29 year 40 hour 8 30 minute A M.

21. I hereby certify that I attended the deceased from Crown, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of Chest

Due to Automobile traumatism

Due to 210 B

Other conditions — (Include pregnancy within 3 months of death) 27

Major findings: Of operations —

Of autopsy See above

Duration

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) Accident

(b) Date of occurrence 5/28/40

(c) Where did injury occur? 12th & Burlington (City or town) No K C Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place) Car struck

While at work? No (e) Means of injury Ob. pole

23. Signature [signature] (M. D. or other) 5/29/40

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.