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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1940

State File No. 32140

Registration District No. 1052 Primary Registration District No. 5510 Registrar's No.

1. PLACE OF DEATH:

(a) County Hickory

(b) ~~City or town~~ Rural - Tyler

(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 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory

(c) City or town Rural - Tyler

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Emmett Poe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Lee Poe

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

7. Birth date of deceased Aug (Month) 30 (Day) 1853 (Year)

8. AGE: Years 86 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Farmer

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/40 (Month) (Day) (Year)

(c) Place: burial or cremation Tillery Cem

18. (a) Signature of funeral director J R Buckley

(b) Address Wheatland Mo

19. (a) Aug - 15 - 40 (Date received local registrar) (b) W E Brenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 P year 1940 hour 4 minute 00 M.

21. I hereby certify that I attended the deceased from May, 1940, to July 10, 1940; that I last saw him alive on July 10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Oedema of Lung	2 days
Due to Pleurisy with effusion	3 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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? 327 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Newins (M. D. ~~or other~~) MD

Address Humansville Mo Date signed 7-13-40

(Licensed Embalmer's Statement on Reverse Side)

111 B)

RECEIVED
District Health Officer No. 7,
District File Number 10-40-1477
Date Filed 10-11-40

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 J R Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland

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.

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21-40
62659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32,140

Registration District No. 1052 Primary Registration District No. 5510 Registrar's No.

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Tyler
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Emett Poe
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Edema of Lung	
Pleurisy with Effusion	
Due to Arterio Sclerosis Cardio Renal back ground	
Cold probable cause of Pleurisy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9512
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY