

Registration District No. 421

Primary Registration District No. 5575

Registrar's No. 94

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town MORINE  
(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 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

WILKO G POOKER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M.  
5. Color or race W.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased JULY  
(Month) 11 1897  
(Day) (Year)

8. AGE: Years 93 Months 2 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED

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

MOTHER FATHER { 12. Name WILKO G. POOKER  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant W. G. POOKER  
(b) Address PELERY MO.

17. (a) BURIAL (b) Date thereof SEPT 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JARVIS, MO - ZION LUTN.

18. (a) Signature of funeral director HEINIGTAS FUN. HOME

(b) Address KIMMSWICK, MO

19. (a) Sept 30 1940 (b) J & Rutledge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JEFFERSON  
(c) City or town MORINE  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 1940 hour 5: PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 18  
1940 to Sept 23 1940,  
that I last saw him alive on Sept 22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 5 day

Due to Arterio sclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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?  
(e) \_\_\_\_\_  
(Specify type of place) (f) Means of injury \_\_\_\_\_

23. Signature Lucretia Sney (M. D. or other) \_\_\_\_\_  
Address Pelevy, Mo Date signed 9/25/40

WRITE PLAINLY—USE 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, ~~only~~.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Arthur W. Heiligtug  
Licensed Embalmer No. 3802  
P. O. Address Kissimmee, Fla.

**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.**