

No. 2
1-10-39
-17-39
X21492

Registration District No. 875

Primary Registration District No. 6162

State File No. _____

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Vermon
(b) City or town Bernal, Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3y 4m 6d
(Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State W.P.M. (b) County Beuton
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Emma Poague

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. E. Poague 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased 4 15 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 17 If less than one day, hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Emmett Journey
13. Birthplace St Charles, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Gene Carlton
15. Birthplace Reesville, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Arpa Record # 3
(b) Address Nebrada Mo

17. (a) Burial (b) Date thereof 9/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mc Intire Cemetery Windsor, Mo

18. (a) Signature of funeral director Windsor, Mo
(b) Address Windsor, Mo

19. (a) Sep 3rd 1940 (b) Allen J. Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1940 hour 7 minute 43 P. M.
21. I hereby certify that I attended the deceased from 1-25, 1939, to 9-2, 1940, that I last saw her alive on 9-2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial pneumonia
Chronic Myocarditis
Due to _____
Due to _____
Other conditions 425
(include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? Yes (Specify type of place) (e) Means of injury _____
23. Signature J. A. Harris (M. D. or other) MD
Address State Hosp # 3 Date signed 9/2/40

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

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1415

Date Filed 10-8-40

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 Person

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address: Quada, 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.