No. 2
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41894

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1340

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1010 South 9th St.
(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 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 South 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Sarah Elizabeth Poore

3. (b) If veteran, name war –

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Poore

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

7. Birth date of deceased April (Month) 15 (Day) 1838 (Year)

8. AGE: Years 102 Months 8 Days 24 If less than one day hr. ... min.

9. Birthplace Green County (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

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

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

16. (a) Informant Mrs. Mable Cole
(b) Address 1010 S. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) Dec 20-1940 (Date received local registrar) H. J. Westhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1940 hour 9 minute 45 a M.

21. I hereby certify that I ~~attended the deceased from~~ viewed on Dec 19, 1940, to ..., 19..; that I last saw ~~alive~~ ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Senile Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. F. Mundy Coroner (M. D. or other)
Address 404 So 3d st St. JOSEPH Date signed 12/20/40

(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, ~~xxx~~ Dec. 19, 1

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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, fact should be so stated above.