

3-40  
-39  
X23159

**ED MAR 14 1941**  
Registration District No. **304**

Primary Registration District No. **3012**

Registrar's No. **8**

1. PLACE OF DEATH: **Clinton**  
 (a) County **Cameron**  
 (b) City or town  
 (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 **None**  
 In this community **35 years.**  
 years, months or days

3. (a) PRINT FULL NAME **James Wesley Poland.**

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

4. Sex **Male** 5. Color or race **White** 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 **December 1st. 1855**  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<b>85</b>	<b>2</b>	<b>25</b>	hr. min.

9. Birthplace **Hocking Co. Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Undertaker.**

11. Industry or business **Undertaker.**

12. Name **Jesse W Poland**

13. Birthplace **Allegheny Co. Maryland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Divitt**

15. Birthplace **Brook Co. Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. Foster Poland**  
(b) Address **Cameron, Mo.**

17. (a) **Burial** (b) Date thereof **Mch. 1st. 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graceland cemetery Poland Funeral Home**

18. (a) Signature of funeral director **Cameron**  
(b) Address  
19. (a) **Feb 27 1941** (b) **J. H. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Clinton 25**  
 (c) City or town **Cameron**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **309 West 3rd. St**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **26**  
year **1941** hour **7:20 P.M.** minute **M.**

21. I hereby certify that I attended the deceased from **Jan. 5**  
19**40** to **July 26** 19**41**  
that I last saw him alive on **Feb 20** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
 Due to **Seriously**  
 Due to **97**  
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations  
 Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **L**  
(b) Date of occurrence **L**

(c) Where did injury occur? **L**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **J. H. ...** (M. D. or other) **0**  
Address **Cameron Mo** Date signed **2/27/41**

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

MOTHER FATHER

**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.....

*Jimmy Scott Hutchins*

Licensed Embalmer No. *4092*

P. O. Address *Cameron, 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, fact should be so stated above.**