S. No. 2
—4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3920

Registration District No. 868 Primary Registration District No. 6149 Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Licking Sherrill (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 months years, months or days)

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

3. (a) PRINT FULL NAME Mrs Nellie May Poe
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ulysses S. Poe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mch. (Month) 9 (Day) 1896 (Year)

8. AGE: Years 45 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Licking (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name John Robertson
13. Birthplace Mrs (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name Mollie Reed
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant John Collins
(b) Address Licking
17. (a) Williams Cem (Burial, [redacted]) (b) Date thereof Nov 28, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Williams Cem
18. (a) Signature of funeral director Smith & Ferguson
(b) Address Licking Mo
19. (a) 11-28-41 (Date received local registrar) (b) J. L. Reed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day Nov year 1941 hour 4 pm minute M.
21. I hereby certify that I attended the deceased from Nov 1 Nov 1, 1941, to Nov, 19 ; that I last saw her alive on Nov 25, 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of lung all over abdom
Due to Carcinoma of uterus which was removed 2 yrs ago
Due to and is all over abdom
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

48 b

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 Leslie Landau (M. D. or other) MD
Address Licking Mo Date signed 11-28-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
124121.03

MAR 11 1902

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: Eubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Texas

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of February, 1942, before me appears Artie Collins, who, upon her oath, states that the original record of ~~birth~~ death for Nellie Poe who ~~born~~ died Nov. 26, 1941, 19, in the State of Missouri, and which was filed at Jefferson City on, 19, should be corrected as follows:

Item No. 3a should read Nellie May Poe
Instead of Nellie Poe

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

SUPPLEMENT

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Artie Collins
Relationship.
Licking Mo.
Present Address.

Subscribed and sworn to before me this 12th day of February, 1942.

My Commission expires Mar. 16-1942 C. G. Johnson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M 9-4-41
I X29483

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