

FILED NOV 11 1942

Registration District No. 138

Primary Registration District No. 2-3-27

Registrar's No. 4

43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Wickory Twp
 (b) City or town Flamington - Rural
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community life time years, months or days

3. (a) PRINT FULL NAME Sarah Lou Poe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fm 5. Color or race wht 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Henry Poe 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: apr 10 1864
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) Tenn (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jacob F Tillery

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Sarah Cairns

15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Poe

(b) Address Flamington, Mo

17. (a) burial (b) Date thereof 10/3/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tillery Cemetery

18. (a) Signature of general director Wheatland Me

(b) Address 22-42 Cox

19. (a) Mary S. Lockshon (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Wickory
 (c) City or town Flamington - Rural
 (If outside city or town limits, write "RURAL.")
 (d) Street No. Tyler (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1942 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 21 1942 to Sept 30 1942
 that I last saw her alive on Sept 30 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial failure
 Due to Chronic Heart Disease years

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____ Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (s) Means of injury _____
 23. Signature W. H. R. Easton (M. D. or other) MD
 Address Flamington, Mo Date signed Oct 20 1942

1094

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1149

Date Filed 11-5-42

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

J. R. Lacey

Licensed Embalmer No. 3982

P. O. Address

Wheatland, W. Va.

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.