

S. No. 2
M-5-42
5-17-39
1 X32

State File No.

Registrar's No. 36

Registration District No. 3

Primary Registration District No. 3031

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Old man Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Poor

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed

6. (b) Name of husband or wife Rosie Calvin Poor

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

7. Birth date of deceased Sept 17 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 7 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Nathaniel Addison Poat

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

14. Maiden name Sarah Frances Poat

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

16. (a) Informant Mrs. Minnie Turner

(b) Address Bartonsville - Okla.

17. (a) burial (b) Date thereof May 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto - Mo. City

18. (a) Signature of funeral director By Motherhead

(b) Address Desoto Mo

19. (a) 5-24-43 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Fertus
(If outside city or town limits, write "RURAL")

(d) Street No. Route - 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 18 minute 15 PM

21. I hereby certify that I attended the deceased from 5-7 to 5-9
that I last saw him alive on 5-9
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis

Due to ?

Due to 1318

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature Chas. E. Fallis (M. D. or other) 5/13/43
Address Desoto Mo Date signed

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

NOV 9 1943

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. ~~3531~~

working under my personal supervision.

Signed *J. E. Metherhead*.....

Licensed Embalmer No. *3531*

P. O. Address *Desoto 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.