

S. No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20967**  
Registrar's No. **201**

JUL 10 1943

Registration District No. **47**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution Callaway Co Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Four days  
(Specify whether years, months or days) 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Holt Summit  
Rural (If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Kate Richmond Pooley

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W.E. Pooley 6. (c) Age of husband or wife if alive, years 25

7. Birth date of deceased Dec 25 1850  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>6</u>	<u>0</u>	hr. min.

9. Birthplace Deposit N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business Judah Richmond Union N.Y.

12. Name Union N.Y.

13. Birthplace Union N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Durham N.Y.

15. Birthplace Durham N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Griffith

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 6/27/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cem.

18. (a) Signature of funeral director Paul Griffith

(b) Address Fulton, Missouri

19. (a) June 26-43 (b) Josie M. Hoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 6 day 25  
year 43 hour 4:15 minute 10 M.

21. I hereby certify that I attended the deceased from June 21, 1943, to June 28, 1943, that I last saw her alive on 6-25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull.

Due to Fall.

Due to Senility.

Other conditions 1860  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations.

Of autopsy 1860

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) Fall down from stairs

(b) Date of occurrence 6-21-43

(c) Where did injury occur? Fulton, Callaway, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1860

While at work? No (Specify type of place) Means of injury Fall

23. Signature Paul Griffith (M. D. or other) 1860

Address 607 East Fulton Date signed 6-26-43

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**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..... *Robert G. White*.....

Licensed Embalmer No..... *4168*.....

P. O. Address..... *Fulton, 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.**