

FILED-DEC 3 1944

Registration District No. 378

Primary Registration District No. 4052

State File No.

Registrar's No. 3652

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Minerva
(c) Name of hospital or institution Ryan's Hospital
(d) Length of stay: In hospital or institution 3 days
In this community Cabool Mo 3 yrs 9 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
(c) City or town Cabool
(e) Citizen of foreign country? (Yes or No) /

3. (a) PRINT FULL NAME

Gillie Poe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife James Everett Poe 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased April 1 1866

8. AGE: Years 77 Months 8 Days 3

9. Birthplace Grayson Va

10. Usual occupation Housewife

11. Industry or business

12. Name Alfred Andrews
13. Birthplace Va
14. Maiden name Virginia Beaulah
15. Birthplace Va

16. (a) Informant Miss Beaulah Poe (b) Address Cabool Mo

17. (a) Burial (b) Date thereof Dec 6 1943

18. (a) Signature of funeral director Gaylord V. Elliott (b) Address Cabool Mo

19. (a) 12/6/43 (b) 12/6/43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1943 11 hour minute A. M.

21. I hereby certify that I attended the deceased from 11/29 1943 to 12/4 1943 that I last saw her alive on 12/4 and that death occurred on the date and hour stated above.

Immediate cause of death: Fulu & cerebral apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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

While at work? (Specify type of place) (e) Means of injury

23. Signature R. A. Ryan (M. D. occupation) Date signed 12/6/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1243-1395

Date Filed DEC 30 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.....

Gaylord V. Elliott

Registered Apprentice No. ~~2257~~

working under my personal supervision.

Signed *Gaylord V. Elliott*

Licensed Embalmer No. 2252

P. O. Address Cabool 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.