

FILED FEB 3 1944
149

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3009 CAMPBELL STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 MONTHS years, months or days)

3. (a) PRINT FULL NAME MRS. STELLA POOL
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. CLARK L. POOL
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased MAY 10 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 6
If less than one day hr. _____ min. _____

9. Birthplace COFFEYVILLE KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS B. HOOPER
13. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name MARY ELIZABETH SMITH
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Clark L. Pool
(b) Address 3009 Campbell
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-44
(Month) (Day) (Year)

(c) Place: burial or cremation COFFEYVILLE, KANSAS

18. (a) Signature of funeral director D. H. Hucumaker done
(b) Address 1401 BRUSH CREEK BLVD.
JAN 17 - 1944
(Date received local registrar) (Registrar's signature)

19. (a) _____ (b) _____

2. USUAL RESIDENCE OF DECEASED: 999
(a) State KANSAS (b) County 12
(c) City or town COFFEYVILLE
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16TH
year 1944 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Squamous cell carcinoma of base of tongue with metastasis to neck.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy 456

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 1-16-44
(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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 1316 P. Jefferson Bldg. Date signed 1-17-44

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

3697

MAR 6 1944

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..... *H. C. Newcomer Jr*
Licensed Embalmer No. *40413*
P. O. Address..... *H. C. Newcomer*

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.