. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41669

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 61

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418 W. LOCUST ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 58 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE 69
(c) City or town PARIS 2
(If outside city or town limits, write "RURAL")
(d) Street No. 418 W. LOCUST ST. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME DAVID COOPER POOL
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife ADA GREER POOL
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased OCT. (Month) 2 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
78	1	8	hr. min.

9. Birthplace MONROE CO., (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation
11. Industry or business
FATHER
12. Name FELIX G. POOL
13. Birthplace (City, town, or county) VA. (State or foreign country) 1
MOTHER
14. Maiden name MARY E. SNELL
15. Birthplace (City, town, or county) KY. (State or foreign country) 1
16. (a) Informant Loy M. Pool
(b) Address
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri
19. (a) 11-10-44 (Date received local registrar) (b) Mayne Gaston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 10
year 1944 hour 9 minute 00 A. M.
21. I hereby certify that I attended the deceased from Nov 1, 1944 to Nov 10, 1944
that I last saw him alive on Nov 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
[illegible]	10 Day
Due to	
Due to 83a'	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Geo M. Kupfer (M. D. or other)
Address PARIS, MO Date signed 11-10-44

1374

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-44-2044
Date Filed DEC 1 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 Dillon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Paris, Missouri.

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. JAN Dec

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 61

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Monroe

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME David C. Pool

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 2 (Day) 1866 (Year)

8. AGE: Years 78 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Compagnie at Capitol

11. Industry or business Building in Jefferson City

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 11-28-45 (Date received local registrar) (b) Mayme Gaston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1944 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

S-41669 1944