

FILED DEC 2 1946

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Centerville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Centerview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 60 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Centerview Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Centerview
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Smith Poage

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 23 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Mercer Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James S Poage
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Susan I Evans
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant James Poage

(b) Address Hiway Patrole St. Joseph, Mo

17. (a) Burial (b) Date thereof 11-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerview

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Nov. 21, 1946 (b) Savannah Centerview
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1946 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct. 20, 1946 to Nov. 20, 1946
that I last saw him alive on Nov. 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-intestinal hemorrhage 2-3d
Due to carcinoma
pancreas
stomach 4-5 yrs.

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

Major findings: Of operations 46 B 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? _____
While at work? (Specify type of place) (e) Years of injury _____

23. Signature W. H. ... (M. D. or other) 11/21/46
Address Warrensburg, Mo. Date signed 11/21/46

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

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..... *P. Q. Phillips*.....

Licensed Embalmer No. *2326*

P. O. Address *Warrensburg, 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.