

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1947
1947

Registration District No. 1002 Primary Registration District No. 1002

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

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:
3215 Campbell, Com Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs.
(Specify whether years, months or days)

In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2942 Poplar
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nellie Pearl Poe

3. (b) If veteran, name war none

3. (c) Social Security No. 495-09-2014

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1947 hour _____ minute _____ M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Roy I. Poe

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 6 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15 - 1945
Feb. 9th 1947 to _____, 19____;

that I last saw her alive on Jan 24, 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Cardiac
Hemorrhage

Due to _____

Due to _____

9. Birthplace Owensville Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady - Housewife

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

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew J. Crawford

{ 13. Birthplace no record Ind. 1
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ward Josephine Swallows

{ 15. Birthplace no record Ind. 1
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Roy I. Poe

(b) Address 1316 Summit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/47
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 2-10-47 (Date received local registrar)

Geralline Holmes (Registrar's signature)

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? _____

23. Signature Frances J. Henry (M. D. or other) _____

Address 2910 Harrison St Date signed _____

(Licensed Embalmer's Statement on Reverse Side) R.C. 3, Mo.

2910 Harrison
D

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.....

Licensed Embalmer No.....

P. O. Address.....

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.