S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8798

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 84

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brown Mfg Co no 2 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: all life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry 42
(c) City or town: Clinton (If outside city or town limits, write "RURAL")
(d) Street No.: 501 South main St (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HARRY L. POGUE
3. (b) If veteran, name war: no
3. (c) Social Security No.: 500-22-7452

4. Sex: male 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Stella Pogue
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: July (Month) 28 (Day) 1880 (Year)

8. AGE: Years 66 Months 6 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: General Laborer
11. Industry or business:
MOTHER FATHER:
12. Name: Henry Pogue 0
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: Rebecca marshall
15. Birthplace: unknown 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Stella Pogue
(b) Address: 501 S. main Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood
18. (a) Signature of funeral director: Conalus + Peck
(b) Address: Clinton Mo
19. (a) 4-4-47 (Date received local registrar) (b) R. A. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 2 year: 1947 hour: 2 minute: 15 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: Burned to death. — Duration: immediate
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident 43
(b) Date of occurrence: 4/2/47 7
(c) Where did injury occur? Clinton (City or town) Henry (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? industrial place (Brown Mfg Co) (Specify type of place)
While at work? yes (e) Means of injury: fire

23. Signature: P. S. Hallinquist (M.D.) Coroner
Address: Clinton Mo Date signed: 4/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

120 3

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

RECEIVED
District Health Officer No. 7,
District File Number 3-47-328
Date Filed 4-7-47

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.