S. No. 2
M—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 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42422

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Monroe, County.
(b) City or town Rural (Jefferson Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Perry, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 69

(a) State Missouri. (b) County Monroe.
(c) City or town Rural (Jefferson Township)
(If outside city or town limits, write "RURAL")
(d) Street No. Perry, Mo. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thelma E. Poage.
3. (b) If veteran, name war
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 Orien Poage.
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January, 21, 1907.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	9	8	hr. min.

9. Birthplace Monroe County, Missouri.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business Home.
MOTHER · FATHER
12. Name Homer Bridgford.
13. Birthplace Monroe County, Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Ocie Carr.
15. Birthplace Monroe County, Missouri.
(City, town, or county) (State or foreign country)
16. (a) Informant Orien Poage
(b) Address Perry, Missouri.
17. (a) Burial (b) Date thereof 10-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Southfork Cemetery.
18. (a) Signature of funeral director Clyde Wilbey
(b) Address Perry, Mo.
19. (a) 12-16-47 (b) Elbert Baker M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th.
year 1947 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from Oct 29, 1947 to Oct 29, 1947
that I last saw her alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis & near dead on my arrival	Sudden
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 John E. Meier (M. D. ~~or other~~)
Address Perry, Mo Date signed 10/31/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1951

RECEIVED
District Health Officer No. 10
District File Number 12-47-1785
Filed DEC 22 1947
Date

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 John F. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clyde Williams

Licensed Embalmer No. 3820

P. O. Address Perry Ga.

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.