

S. No. 2  
DM-243  
v. 5-17-39  
I X35697

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19794

FILED JUN 18 1948

Registration District No. 177

Primary Registration District No. 5569

Registrar's No. 295

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 56th + Raytown Road 1  
(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) 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 56th + Harris Road  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herman Poe

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Violet Poe

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct - 6 - 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>7</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Excelsior Springs, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Packing house

12. Name Thomas Nathan Poe

13. Birthplace Louisville, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Anita Smith

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Violet Poe

(b) Address 56th + Harris Rd #3 R.C. Mo.

17. (a) Burial (b) Date thereof May 19, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director C. Clark Hedges

(b) Address Raytown, Mo.

19. (a) May 19, 1948 (b) Mildred Harvorn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1948 hour 7 minute \_\_\_\_\_ 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 Gunshot injury of neck

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Deputy - coroner  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy History & Inspection

PHYSICIAN No. 6

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 homicide

(b) Date of occurrence 5/17/48

(c) Where did injury occur? Raytown, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes  
(Specify type of place) (e) Means of injury trauma

23. Signature A. E. Upsher (M. D. or other) M.D.

Address 2800 main Date signed 5/17/48

846152 NIP

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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 Clark H. Heger

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.**