No. 300
10.48

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5408

State File No.

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville Mo
c. LENGTH OF STAY (In this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Methodist Home For Aged

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 124 S. Belmont

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): B
c. (Last): Poor

4. DATE OF DEATH (Month) (Day) (Year): Feb, 26 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov, 29 1855
9. AGE (In years last birthday): 93 — If under 1 year: Months 2, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Quincy Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George P Phinney
13b. MOTHER'S MAIDEN NAME: Katherine C Richardson
14. NAME OF HUSBAND OR WIFE: Lafayette Poor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): V
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: George P Phinney
ADDRESS: Kansas City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1948, *to* Feb. 26, 1949, *that I last saw the deceased alive on* Feb 23, 1949, *and that death occurred at* 7.20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Loretto (Degree or title): M D
23b. ADDRESS: Marionville, Mo.
23c. DATE SIGNED: 2-27-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 28/49
24c. NAME OF CEMETERY OR CREMATORY: Willow Springs
24d. LOCATION (City, town, or county): Willow Springd (State): Mo

DATE REC'D BY LOCAL REG.: 2/28/49.
REGISTRAR'S SIGNATURE: Ora McNatt
25. FUNERAL DIRECTOR'S SIGNATURE: J. D. Surridge
ADDRESS: Marionville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 349-271
Date Filed 3-8-49

MAR 11 1964

JUN 1 1958

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.