

DEC'D APR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10222
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 361
(c) City ST. JOSEPH (d) Street No. N.W. Methodist Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM CLARK POLSON 425
(a) Residence, No. BARNARD MO St. Barnard Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. NELL POLSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-3-1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BOOKKEEPER
9. Industry or business in which work was done, as saw mill, bank, etc. FARMING
10. Date deceased last worked at this occupation (month and year) UNKNOWN 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) BOSTON
(STATE OR COUNTRY) MASS.

13. NAME RICHARD POLSON

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME SUSAN CLARK

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

17. INFORMANT Mrs. H. L. Groves
(ADDRESS) Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MIRIAM AT MARYKATE MO. 9-20-1938

19. FUNERAL DIRECTOR J. FRED TERHUNE
(ADDRESS) SAVANNAH MO.

20. FILED Feb 28, 1938 H. J. Nestel
By Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-28-1938

22. I HEREBY CERTIFY, That I attended deceased from

March 28, 1938, to March 28, 1938

I last saw him alive on March 28, 1938 Death is said

to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral degeneration

Other contributory causes of importance: 94 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. H. Ream, M. D.

(Address) St. Joseph Mo.

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune....., Licensed Embalmer No. # 1279
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.....

.....L. E.
No.....or by....., Registered Apprentice No. ~~1279~~
working under my personal supervision.

Signed J. Fred Terhune.....
Licensed Embalmer No. 1279.....

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.)