N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D DEC 16 1938

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

38889
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar — Registration District No. 165

(b) Township Linn — Primary Registration District No. 5231 — Registered No. 90

(c) City Stockton, Mo. — (d) Street No. ..... 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 463 John Bender Pollard.

(a) Residence, No. Stockton Mo. St. ☐
(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~~ Margaret Pollard.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 - 1858

7. AGE: YEARS 80 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton. Cedar Co. Mo.

FATHER
13. NAME John Pollard.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roan Co. Tenn.

MOTHER
15. MAIDEN NAME Eliza Davidson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roan Co. Tenn.

17. INFORMANT (ADDRESS) Mrs. John Pollard Stockton. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem DATE Oct. 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Ward. Greenfield, Mo.

20. FILED Nov. 9 1938 Mrs. H. A. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 25, 1938
I last saw him alive on Oct. 23, 1938. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis following Bronchopneumonia

Date of onset

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) H. A. Sunrell, M. D.
156 (Address) Stockton Mo.

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-38-574
Date Filed 12-8-38

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.