. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9696

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1130

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. Park Lane Hotel-Apt. #602
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Miss Sarah Pollard 463

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased March (Month) 21 (Day), 1862 (Year)

8. AGE: Years 77 Months 11 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Olmstead Falls (City, town, or county) Ohio (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

FATHER
12. Name Thomas Pollard
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nano
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Frances Hickey
(b) Address 5308 Neosho Lane, K. C. K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery Plattsburg, Missouri

18. (a) Signature of funeral director O. N. Nicoumidous
(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 11, 1940 (Date received local registrar) (b) M. M. Orme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1940 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 1936, 19..., to March 11th, 1940; that I last saw h. alive on March 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Lt Kidney Adenocarcinoma	1½ yr
Due to	
Due to	
Other conditions: Hypertension C.V. Disease (Include pregnancy within 3 months of death)	5 yr

Major findings:
Of operations
Of autopsy Metastasis to diaphragm, Rt lung & pleura, bilateral kidney, L. lung, & Mediastinal nodes

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 Paul B. Leibman (M. D. or other)
Address 924 Pryor Blvd. Date signed 3-12-40
Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

924. Unknown cancer
11-5

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 C. Hervey Qunsenber

Licensed Embalmer No. 4070

P. O. Address K. C. 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, above space should be left blank.