

REGISTRATION DISTRICT NO. **101904**

Primary Registration District No. **3008**

Registrar's No. **250**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital #1**
(If not in hospital or institution, write street number or location) **3**
(d) Length of stay: In hospital or institution **13 days**
Specify whether
In this community **13 days**
years, months or days

3. (a) PRINT FULL NAME **HOWARD POLLARD**
(b) If veteran, name war **none**
(c) Social Security No. **D/K none**

4. Sex **male** 5. Color or race **Colored**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Carrie Pollard**
6. (c) Age of husband or wife if alive **D/K** years
7. Birth date of deceased **D/K**
(Month) (Day) (Year)

8. AGE: Years **about 37yo** Months Days If less than one day
hr. min.

9. Birthplace **Mississippi (State of)** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer** **9**

11. Industry or business

MOTHER FATHER { 12. Name **D/K** **9**
13. Birthplace **D/K**
(City, town, or county) (State or foreign country)
14. Maiden name **D/K**
15. Birthplace **D/K**
(City, town, or county) (State or foreign country)

16. (a) Informant **State hosp. records**
(b) Address **Fulton, Mo**

17. (a) **Removal** (b) Date thereof **Sept 28, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chillicothe, Mo.**

18. (a) Signature of funeral director **Glen Y. Mangin**

(b) Address **700 Court St. Fulton, Mo.**

19. (a) **Sept 28, 1940** (b) **R. N. Crewe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Mississippi**
(c) City or town **Wyatt**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **none**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26**
year **1940** hour **6** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Sept 13**
_____, 1940, to **Sept 26** _____, 1940,
that I last saw him alive on **Sept 26** _____, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral syphilis**
Duration **7yo?**

Due to _____

Due to **34**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **100**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **John J. Blasko** (M. D. or other) **1**

Address **Fulton, Mo** Date signed **9/27/40**

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

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

Walter P. Hedges, Registered Apprentice No. 263
working under my personal supervision.

Signed Glen Y. Manpin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.