

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 383

Primary Registration District No. 5787

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Florida  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Florida; Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
In this community 69 Years  
years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Florida  
(If outside city or town limits, write "RURAL")  
(d) Street No. Florida, Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRENT FULL NAME John Presley Pollard

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura S. POLLARD 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 26 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 13 3 hr. 30 A min.

9. Birthplace Florida Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer; (15) Years

MOTHER FATHER { 11. Industry or business

12. Name Braxton Pollard  
13. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Francis Goss  
15. Birthplace D.K., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John P Pollard

(b) Address Florida Mo

17. (a) Burial (b) Date thereof 10/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florida Cemetary

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) Oct 10/1940 (b) OP Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th  
year 1940 hour 3 minute 30A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10/9/40

Due to Arterio Sclerosis 1939

Due to \_\_\_\_\_ 92 C

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_

515 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Russell M. Wilson Coroner (M. D. or other) 5  
Address Monroe City Mo Date signed 10/10/40

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

RECEIVED

District Health Officer, No. 10

District File Number 11-40-2041

Date Filed NOV 8 1940

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, by

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Lester L. Wilson*

Licensed Embalmer No.

3014

P. O. Address

*Monroe City 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.