

S. A.  
v. 5-17-35  
I X21492

**MAR 25 1941**  
Registration District No. **84**

Primary Registration District No. **4227**

Registrar's No. \_\_\_\_\_

46  
/

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

**1. PLACE OF DEATH:**  
 (a) County Howell  
 (b) City or town West Plains, Mo.  
(If outside city or town limits, write "RURAL," and name of township)  
 (c) Name of hospital or institution:  
Christa Hogan Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 hours  
(Specify whether  
 In this community 8 years in Howell Co.  
years, months or days)

**3. (a) PRINT FULL NAME** ANNA HEUER POLCHOW  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Albert Polchow **6. (c) Age of husband or wife if alive** 65 years  
**7. Birth date of deceased** March 15, 1873  
(Month) (Day) (Year)

**8. AGE:** Years 67 Months 10 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Germany 4  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business**  
**MOTHER FATHER**  
 { **12. Name** John Heuer  
**13. Birthplace** Grabow, Germany 4  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Fredenica Wolf  
**15. Birthplace** Grabow, Germany 4  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Albert Polchow  
**(b) Address** West Plains, Mo. Rt. 3

**17. (a) Burial** New Liberty **(b) Date thereof** Feb. 3, 1941  
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)  
**(c) Place: burial or cremation** Howell Co. Spring Crk. Twp

**18. (a) Signature of funeral director** Hal Rombough  
**(b) Address** West Plains, Mo.

**19. (a)** 2-3-41 **(b)** Vida W SIMONS  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Howell 46  
 (c) City or town "Rural" (Spring Creek Twp)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. West Plains, Mo. Rt. 3  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 51 years 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 2  
 year 1941 hour 2 minute A. M.

**21. I hereby certify that I attended the deceased from** Jan. 30th, 1941, to Feb. 2nd, 1941,  
 that I last saw her alive on Feb. 1st, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, w/ Bronchial  
 Duration 48 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Shock from injured hip. 1/30/41.  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy None  
**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? 3/4/41

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

**23. Signature** H. Rombough **(M. D. XXXX) M.D.**  
 Address West Plains, Mo. Date signed 2/3/41.

1952-  
99

RECEIVED

District Health Officer No. 5,

District File Number 341337

Date Filed \_\_\_\_\_

State Board of Health  
Missouri  
1952

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, OK

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.

Missouri  
1952

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

7102  
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
 (b) Township ..... Primary Registration District No. 4227 Registered No. ....  
 (c) City West Plains (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 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.

PRINT FULL NAME Anna Neuer Polchow

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 10 17

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.

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

pneumonia, Bronchitis Date of onset

Other contributory causes of importance: Shock from injured hip

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? Accident Date of injury 1/30/1941  
 Where did injury occur? At her home, Howell County  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
At her home, kicked by a cow  
 Manner of injury Fracture neck of left femur  
 Nature of injury Fractured as above

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) W. Tharnburgh, M. D.  
 (Address) West Plains, Mo

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

SUPPLEMENTARY

W Tharnburgh (m) West Plains Mo

Paste on certificate

West Plains, Missouri  
May 12, 1941

This woman's death was not caused by the injury to the hip,  
but by the bronchial pneumonia which developed after her  
injury.

A. H. Thornburgh, M. D.