No. 2
1-4-41
-17-39
X26390

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

WILL JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19108

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1050

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: D Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. April 4th, 1941 (Specify whether

In this community Since 4/4/41. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94

(c) City or town Bismarck, (If outside city or town limits, write "RURAL") 1

(d) Street No. - (If rural, give location) 0

(e) Citizen of foreign country? - 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lee Emmett, POLK

3. (b) If veteran, name war World War

3. (c) Social Security No. 498-18-4667

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -

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

7. Birth date of deceased Sept. (Month) 21, (Day) 1889 (Year)

8. AGE: Years 51 Months 7 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Arcadia, Missouri. (City, town, or county) (State or foreign country) 0

10. Usual occupation Railroad Fireman

11. Industry or business

FATHER
12. Name Balaam Polk
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Frances Blancon
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Alice Selvaggi

(b) Address Act. Clinical Clerk, VAF, Jeff. Bk. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Mus

18. (a) Signature of funeral director Norman White & Sons

(b) Address Crowley Mo

19. (a) MAY 17 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dep. PN (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1941 hour 10:20 minute a.M.

21. I hereby certify that I attended the deceased from April 4, 1941 to May 17, 1941 that I last saw him alive on May 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma Malignancy right kidney with extensive metastases to both lungs and liver.

Duration: Unknown

Due to

Due to 520

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Done, confirms the diagnosis

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) no

(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? Ruffood Means of injury

23. Signature R. W. GOOD, M.D., (M. D. or other)

Address Acting Chief Medical Officer. Date signed 5/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Tex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.