. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19472

Registration District No. 52 Primary Registration District No. 5080 Registrar's No. 2

1. PLACE OF DEATH:

(a) County BATES.

(b) ~~City or town~~ Rural, West Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Farm Home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does Not Apply. (Specify whether)
In this community 5 years.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Bates.

(c) City or town Rural, West Boone Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles S/E of Drexel, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIS GORMAN POLLEY.

3. (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 Susan E. Polley.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Mar. (Month) 4 (Day) 1855. (Year)

8. AGE: Years 86 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Bloomington, (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Farming.

11. Industry or business General Farm Work.

FATHER
12. Name James Polley.
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name ? Aines.
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Ralph L. Tipton
(b) Address 1701 Nebraska K. C. K.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 24, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Kans.

18. (a) Signature of funeral director J. E. Hays.
(b) Address Drexel, Mo.

19. (a) 5/24/41. (Date received local registrar) (b) Mrs Will Tucker, (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 24th year 1941. hour minute 5-30 A.M.

21. I hereby certify that I attended the deceased from May 11, 1941, to May 24, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bilateral Disseminated Bronchial Pneumonia	13 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis — Paralysis Agitans	

Major findings:
Of operations
Of autopsy

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 Basil A. Hartwell (M. D. or other) D.
Address Drexel, Mo Date signed 5/24 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 J. B. Hays

Licensed Embalmer No. 1950

P. O. Address Drexel Mo.

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

If this body is not embalmed, above space should be left blank.