

**AUG 11 1941 85**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1001**

Registrar's No. **6777**

1. PLACE OF DEATH:  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**801 Court St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **28 years**

2. USUAL RESIDENCE OF DECEASED: **011**  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **801 Court St.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Elisa J. Pollard**  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **NO**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **31**  
 year **1941** hour **1** minute **45 a** M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **widow**  
 6. (b) Name of husband or wife **William C. Pollard** 6. (c) Age of husband or wife if alive  years  
 7. Birth date of deceased **April 8, 1867**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 27** 19**41**, to **July 31** 19**41**, that I last saw him alive on **July 30** 19**41**, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>3</b>	<b>23</b>	hr. _____ min.

Immediate cause of death:  
**Ch. Nephritis late**  
**Ch. Valvular Heart Dis**  
 Due to **Uremic Coma**  
 Due to \_\_\_\_\_

9. Birthplace **Unknown** **Arkansas**  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**10/10**

10. Usual occupation **Housewife**  
 11. Industry or business **own home**

MOTHER FATHER  
 12. Name **Calvin Jimerson**  
 13. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary** last name **unknown**  
 15. Birthplace **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Albert H. Norton**  
 (b) Address **801 Court St.**

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? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Aug. 1, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **King Hill Cem.**  
 18. (a) Signature of funeral director **Calvin Jimerson**  
**3025 King Hill Ave.**  
 (b) Address \_\_\_\_\_  
 19. (a) **Aug. 1, 1941** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of Injury  
 23. Signature **[Signature]** (M. D. or other) **[Signature]**  
 Address **[Signature]** Date signed **7/31/41**

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.....

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

Signed *Oliver Jester*  
Licensed Embalmer No. *4154*  
P. O. Address *St. Joseph, 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.**