

Registration District No. 627

Primary Registration District No. 5763

Registrar's No. 43

1. PLACE OF DEATH:

(a) County: Mississippi
(b) City or town: Barber
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution
In this community 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Mississippi
(c) City or town: Near East Prairie
(d) Street No.: 3 miles S West of E. Prairie
(e) Citizen of foreign country? (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: MARGARETE PRISCILLA POLLOCK

3. (b) If veteran, name war: — 3. (c) Social Security No.: none

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: — 6. (c) Age of husband or wife if alive: 2 years (Day) (Year) 1906

7. Birth date of deceased: Feb. 2 (Month) (Day) (Year) 1906

8. AGE: Years 35 Months 6 Days 8 If less than one day: _____ hr. _____ min.

9. Birthplace: Shipton (City, town, or county) Mo (State or foreign country)

10. Usual occupation: School teacher
11. Industry or business: _____
12. Name: James Milo Pollock
13. Birthplace: Merde Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name: Fanny Hatfield
15. Birthplace: Perry Co. (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mrs. Fanny Hatfield Webb
(b) Address: East Prairie Mo
17. (a) Burial (b) Date thereof: 8/12/41
(c) Place: burial or cremation: 6900 Hwy

18. (a) Signature of funeral director: W. S. Shelby
(b) Address: East Prairie, Mo
19. (a) Sept 4/41 (b) Mrs. D. M. Hodge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10th
year 1941 hour 12:40 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Nov 14 - 1938 to Aug 10 1941
that I last saw her alive on Aug 09 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: General Paralysis of the insane
Due to: _____

Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 30B
Of operations: _____
Of autopsy: _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: George W. Whitaker (M. D. or other) _____
Address: East Prairie Mo Date signed: 8/14/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

2
-41
-39
26390

RECEIVED

District Health Office No.

District File Number 941-128

Date Filed 9/13/41

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..... *Travis Shelby*.....

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo.

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

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