

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **735**

Primary Registration District No. **303410**

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

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Rural Sugar Creek**
(c) Name of hospital or institution: **S. W. Moberly**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **all life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **N. W. Moberly**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1st**
year **1941** hour **2:30** minute **9** M.

21. I hereby certify that I attended the deceased from **19** to **19**
that I last saw him alive on **none** and that death occurred on the date and hour stated above

Immediate cause of death: **Coronary case**
Drowning accident
in rock quarry pond
Due to

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

Major findings: Of operations **183**
Of autopsy **36**

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

3. (a) PRINT FULL NAME **PANSEY WELCH POLLOCK**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **LeRoy Pollock** 6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **April-15-1923**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	18	4	17	hr. min.

9. Birthplace **Moberly Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Thomas Welch**

13. Birthplace **Moberly Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Millie K. Gustus**

15. Birthplace **Moberly Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Loreena Masley**

(b) Address **201 Tagwood St. Moberly MO**

17. (a) **Burial** (b) Date thereof **Sept 14 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wagon Cemetery**

18. (a) Signature of funeral director **Wm. Thimeral**
(b) Address **Moberly MO**

19. (a) **Sept 4-41** (b) **Paul Williams**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **9/1/41**

(c) Where did injury occur? **at Moberly Mo**
(City or town) (County) (State)

(d) Did injury occur (a) at about home, on farm, in industrial place, in public place?
Public Place

While at work? **No** (Specify type of place) (e) Means of injury **Coronary**

23. Signature **H. G. Guffey** (M. D. or other) **Coronary**
Address **Moberly Mo** Date signed **9-3-41**

RECEIVED

District Health Officer No. 10

District File Number

10-41-1945

Date Filed

OCT. 24 1941

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

R. M. Cater

Licensed Embalmer No.

4117

P. O. Address

Moberly 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.