

DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38319

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 906

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
971 Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 971 Kingshighway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marietta E. Pollard

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased August 17, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Lafayette County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business

MOTHER FATHER { 12. Name H. Pollard
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Pollard (Verified)
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Harriet Vest Wood
(b) Address Springfield, Missouri
17. (a) Burial (b) Date thereof 11/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carthage, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 11-18-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17,
year 1941 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 11-4
..... 1941 to 11-17 1941
that I last saw her alive on 11-17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial insufficiency Duration
Hypertension

Due to stroke of apoplexy

Due to Dec 1, 1940

Other conditions old age
(Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy Funeral Home

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) 6
(e) Means of injury

Signature Mary Jean Roberts (M. D. or other)
Address 333 E. 7th St. Springfield, Mo. Date signed 11-18-41

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

984

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield

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.

X