

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 410 West 60th St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. MARY JANE POLLOCK
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Walton W. Pollock
(c) Age of husband or wife if alive 8 years (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>25</u>	hr. min.

9. Birthplace Winchester Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {
12. Name Stephen Six
13. Birthplace No Record (City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Robert Pollock
(b) Address 410 West 60th St. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director John M. Wagner
(b) Address Kansas City, Missouri

19. (a) 1-5-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 410 West 60th St. Terrace (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 3rd
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 3, 1942 to January 3, 1942, that I last saw him alive and that death occurred on the date and hour stated above.
Immediate cause of death acute coronary occlusion

Due to 940
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 940
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?

23. Signature Robert M. Wagner (M. D. or other)
Date signed 1-5-42

Dr. W. W. W. W.
Personal 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.....

Harry Bergman

Licensed Embalmer No.....

2041

P. O. Address.....

700 Ma

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.