

2382

BUREAU OF THE CENSUS
FILED FEB 18 1942

Registration District No. 172

Primary Registration District No. 4215 4213

Registrar's No. 1708

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Mound city Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt

(c) City or town Mound city Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ida May Pollock.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John M Pollock. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 24th, 1865.
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Jeffersonville. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House work.

11. Industry or business _____

MOTHER FATHER

12. Name Fredrick M. Parrott.

13. Birthplace Ohio.
(City, town, or county) (State or foreign country)

14. Maiden name Anna McKinley
(City, town, or county) (State or foreign country)

15. Birthplace Ohio, /
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Charley Rayburn
(b) Address Mound City. Mo.

17. (a) Burial (b) Date thereof Feb. 3. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope cemetery. Mound City.

18. (a) Signature of funeral director W. Crawford
(b) Address Mound City. Mo.

19. (a) Feb 3 - 1942 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 3:45 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 31, 1942, to Jan 31, 1942
that I last saw her alive on Jan 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prostration from Cerebral Hemorrhage. Duration _____

Due to Aterio Sclerosis

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury LD

23. Signature J. J. _____ (M. D. or other) _____
Address Mound city Mo Date signed 1/31/42

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

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

W. H. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Mount Airy, N.C.*

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, above space should be left blank.