

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 399

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2652

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Jackson
(c) Name of hospital or institution St. Joseph Hospital
(d) Length of stay: 4 Days
In this community 4 Days

3. (a) PRINT FULL NAME John Cleveland Polson III

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

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

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

7. Birth date of deceased July 7 1942

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

9. Birthplace K-c. mo. 0

10. Usual occupation Infant

11. Industry or business _____

12. Name John Cleveland Polson Jr.

13. Birthplace Alton Ohio

14. Maiden name Ruby Jean Adams

15. Birthplace Adrian Mo

16. (a) Informant Hospital Records

(b) Address 152 E. Mo St. Youth Hosp

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof July 13-1942

(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director RUNWENBURGER'S

(b) Address HARRISONVILLE MO

19. (a) 7-11-42 (b) M. B. Crowe

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wagoner
(c) City or town Kansas City
(d) Street No. 1700 Walker
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1942 hour 4:00 minute 9 M.

21. I hereby certify that I attended the deceased from July 7 1942 to July 11 1942 that I last saw him alive on July 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital string colon

Due to _____
Due to _____

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

Major findings: Of operations String Colon
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? _____
(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 D

23. Signature J. B. White (M. D. or other) _____
Address Professional Bldg Date signed 7/11/42

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.

Not embalmed

Signed _____

Licensed Embalmer No. 3768

P. O. Address Harrisonville 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, above space should be left blank.