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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 78

Registration District No. 15 1946

Primary Registration District No. 5568

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
804 So. Hardie  
(If not in hospital or institution, write street number or location)

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

In this community 12 years  
years, months or days

3. (a) PRINT FULL NAME Edward J. Polley

3. (b) If veteran, name war no

3. (c) Social Security No. 494-16-9322

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret E. Colley

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased may 23 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 9 19 hr. min.

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

10. Usual occupation Butcher

11. Industry or business H. P. A.

12. Name no record

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 Mrs. Margaret E. Colley

(b) Address 804 So. Hardie

17. (a) burial (b) Date thereof 3/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director Geo. C. Eason

(b) Address Independence mo.

19. (a) 3-15-1943 (b) James W. Cross  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 804 So. Hardie  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12  
year 1943 hour 3:56 minute A.M.

21. I hereby certify that I attended the deceased from 3/6, 1943, to 3/12, 1943,  
that I last saw him alive on 3/11, 1943,  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

Immediate cause of death Rt lobar pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 108

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_ (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 \_\_\_\_\_

23. Signature W. Green (M. D. or other) \_\_\_\_\_  
Address Independence Mo Date signed 3/2/43

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**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 Frank Beechile  
Licensed Embalmer No. 2467  
P. O. Address Independence, 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.**