

V. S. No. 2
50M-5-42
Rev. 5-17-39
I X322

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17099

State File No. _____
Registrar's No. 2066

FILED JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
In this community 4 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise V. POLSON.
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. Jeff Polson
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased February 5th, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 2 27 _____ hr. _____ min.

9. Birthplace Dekalb Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name E. A. Boyle
13. Birthplace Fayette Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Abbie Viner
15. Birthplace Mazon Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant A. Jeff Polson
(b) Address 1908 East 36th, St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/3/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mazon Illinois

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

19. (a) 5-3-43 (Date received local registrar)
(b) H. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Joliet
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 17 1943 to May 2 1943
that I last saw her alive on May 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of ovary with metastases to liver + other vital structures
Duration _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: operation revealed above diagnosis PHYSICIAN
Of operations _____ Underline the cause to which death should be charged statistically.
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) (Means of injury)
23. Signature Paul J. Hunt (M. D. or other) _____
Address 1032 P. St. Joliet Date signed _____

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 Russell N. France
Licensed Embalmer No. 4255
P. O. Address K C 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.