S. No.
DM—2-43
5-17-43
I X3369

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17420

Registration District No. 42 Primary Registration District No. 1003 Registrar's No. 559

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether

In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 823½ Charles Street (If rural, give location) 7

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

If yes, name country 0

3. (a) PRINT FULL NAME Ethel Polk

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Paul Polk

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

7. Birth date of deceased September (Month) 23 (Day) 1884 (Year)

8. AGE: Years 58 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Concordia (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Private Secretary

11. Industry or business Librarian

FATHER
12. Name John W. Peterson
13. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Altha Demarlist
15. Birthplace Unknown (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Mrs. Mildred Tootle (sister)

(b) Address 2501 Francis St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn, Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St. St. Joseph, Mo.

19. (a) 5-18-43 (Date received local registrar) (b) Rose Hergoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th. year 1943 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from 4-8, 1943, to 5-16, 1943 that I last saw her alive on 5-16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor

Due to

Due to

Other conditions 57d (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Same

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold J. Brunner (M. D.)

Address St Joseph, Mo. Date signed 5-17-43

1233

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 [illegible]

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph Missouri.

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.