

S. No. 2  
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-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32006

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

Registrar's No. 159

FILED SEP 22 1943  
Registration District No. 283

Primary Registration District No. 5653

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 129 days  
(Specify whether years, months or days)

In this community 129 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Avery Lee Polley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
year 1943 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 13, 1943 to Sept. 18, 1943  
that I last saw him alive on Sept. 18, 1943  
and that death occurred on the date and hour stated above.

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 August 8 1921  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to Chronic Tuberculosis about 1 yr.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

22 1 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ridgeway Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation odd jobs

11. Industry or business \_\_\_\_\_

12. Name Grover Cleveland Polley

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

14. Maiden name Grace May Stockell

15. Birthplace Ridgeway Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removed (b) Date thereof Sept 19-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway, Mo.

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 \_\_\_\_\_

18. (a) Signature of funeral director Geo B Orr

(b) Address 7th Vernon Mo

19. (a) 9-26-43 (b) Audrey Campbell  
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Stokes (M. D. or other) \_\_\_\_\_  
Mount Vernon, Mo. Date signed 9/18/43

RECEIVED

District Health Officer No. 6,

District File Number 943-1124

Date Filed SEP 21 1943

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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.....

*Geo. B. Orr*

Licensed Embalmer No. 946

P. O. Address 7 Mt Vernon, Md

**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.**