

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32418**

ED. SEP 17 1943  
Registration District No. **14**

Primary Registration District No. **6064**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County **Sh. Clair**

(b) City or town **Osceola**

(c) Name of hospital or institution: **Osceola Home**

(d) Length of stay: In hospital or institution **31 years**

In this community **Age of Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Sh. Clair**

(c) City or town **Osceola Mo Rural**

(d) Street No. \_\_\_\_\_

(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **FRANK POLK**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**  
year **1943** hour **10** minute **9** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **Jan 16 1864**

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

Due to **Myocarditis**

Other conditions \_\_\_\_\_

8. AGE: Years **79** Months **4** Days **21**

9. Birthplace \_\_\_\_\_

10. Usual occupation **None**

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

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

Of autopsy **No**

MOTHER FATHER

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

12. Name **Not Known**

13. Birthplace \_\_\_\_\_

14. Maiden name **Not Known**

15. Birthplace \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(b) Date of occurrence **No**

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature **Frank Polk** Address **Osceola Mo** Date signed **7-7-43**

16. (a) Informant **County record**

(b) Address **Osceola Mo**

17. (a) **Burial** (b) Date thereof **7-7-43**

(c) Place: burial or cremation **Osceola Mo**

18. (a) Signature of funeral director **Osceola Home**

(b) Address **Osceola Mo**

19. (a) **7-7-43** (b) **Frank Polk**

1180

RECEIVED

District Health Officer No. 7

District File Number 8-43-942

Date Filed 9-15-43

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

*Paul J. [Signature]*

Licensed Embalmer No. 3990

P. O. Address *Acacia 210*

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.