

No. 2
5-42
5-1339
1 X 1273

OCT 25 1943 128
Registration District No.

Primary Registration District No. 2000

State File No.
Registrar's No. 813

1. PLACE OF DEATH: GREENE
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 610 E. Elm Street /
(d) Length of stay: In hospital or institution None
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 37
(c) City or town Springfield
(d) Street No. 610 E. Elm
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Nena Baxter Pollard
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, widowed
6. (b) Name of husband or wife J. H. Pollard
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased January 19, 1863

8. AGE: Years 80 Months 8 Days 13

9. Birthplace Woodville, Mississippi

10. Usual occupation In Home

11. Industry or business

12. Name Kirk Baxter
13. Birthplace Unknown New York
14. Maiden name Anna F. Jackson
15. Birthplace Unknown Louisiana

16. (a) Informant Mr. Kirk Baxter (Brother)
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10/11/43
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Springfield, Missouri

19. (a) 10-9-43 (b) Dr. W. S. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1943 hour 11:40 minute P. A. M.

21. I hereby certify that I attended the deceased from Sept 15 1943 to Oct 2 1943
that I last saw him alive on Oct 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis

Due to...
Due to...

Other conditions Bronchial Pneumonia
(Include pregnancy within 3 months of death)
Sensitivity -

Major findings: Of operations
Of autopsy 107

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

23. Signature Joseph L. Johnston M. D. or other
Address Springfield, Mo. Date signed 10/19/43

Duration years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

NOV 3 1949

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..... *Lewis G. Scharpf*
Licensed Embalmer No..... *3862*
P. O. Address..... *Springfield, m*

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.