

FILED FEB 14 1943 3
Registration District No. 738

Primary Registration District No. 3022

State File No.

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Harrison

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

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Ridgeway 0
(If outside city or town limits, write "RURAL")

(d) Street No. Grant Twp
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Linnie Belle Polley

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Winfield Scott Polley 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased 7-7-1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business farm

12. Name Benjamin Dale

13. Birthplace do not know
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Buzzard

15. Birthplace Harrison County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Smith
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkley

18. (a) Signature of funeral director S. W. Haas
(b) Address Bethany, Mo.

19. (a) 1-29-44 (b) J. M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1943 hour 9:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from 12-29 to 1-4 1943
that I last saw her alive on 1-4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 3 mts.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

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)
(e) Means of injury _____

23. Signature J. R. Giddens (M. D. or other) _____
Address Bethany, Mo. Date signed 1-7-44

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

MOTHER FATHER

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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.....

W B Haas

Licensed Embalmer No.....

3899

P. O. Address.....

Bethany, 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.