

FILED FEB 17 1943

State File No. _____

Registration District No. 576

Primary Registration District No. 6282

Registrar's No. _____

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town NOTWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Private Home, Nursing P
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community stays 6 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI County WRIGHT
(c) City or town NOTWOOD
(If outside city or town limit, write "RURAL")
(d) Street No. 1/2 mile west of town
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1943 hour _____ minute _____ 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.

Immediate cause of death _____

Due to Old Age

Due to _____

Other conditions (include pregnancy within 3 months of death) 32a

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 [Signature] (M. D. or other) _____
Address Notwood mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME ISSAC M. Pollock

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

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Oct 13 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Vanburen Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business none

MOTHER FATHER { 12. Name George P Pollock
13. Birthplace Vanburen Co Iowa 9
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Crowl
15. Birthplace un known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Albers

(b) Address Notwood mo

17. (a) Burial (b) Date thereof 10 12 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director Ellen Boulden

(b) Address Notwood mo

19. (a) Dec 30 1943 (b) Miss Charles Craner
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6;

District File number 244-210

Date Filed FEB 15 1944

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Nerwood 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, above space should be left blank.