S. No. 2
M—2-43
5-17-39
I X35697

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

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4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14097

State File No.

FILED APR 22 1944

Registration District No. 3

Primary Registration District No. 3006

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
713 Lyons St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 83 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 713 Lyons St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH POLLOCK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife David Pollock

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

7. Birth date of deceased 4 - 16 - 1860
(Month) (Day) (Year)

8. AGE: Years 83 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Gibson
13. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lena Gentry
15. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Emmett Pollock
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 3-21-1944 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from Mch 16, 1944, to Mch 18, 1944
that I last saw her alive on Mch 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 day

Due to General Arteri-schrous

Due to Old Age

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Stephen D Smith (M. D. or other)

Address Columbia Date signed 3/21/44

12 20

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 4-20-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.