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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1944

Registration District No. 65

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14410

Primary Registration District No. 5253

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Chariton, Salt Creek Twp
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Mendon Rural (If outside city or town limits, write "RURAL") 2/
(d) Street No. Salt Creek Twp (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME George Lilburn Pollard
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 Married
6. (b) Name of husband or wife Margaret Pollard
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept 27 (Month) 1863 (Day) (Year)

8. AGE: Years 80 Months 7 Days 4 If less than one day hr. min.
9. Birthplace Hancock Co Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Benjamin Pollard
FATHER 13. Birthplace Adams Co Ill. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nancy Vincent
MOTHER 15. Birthplace Adams Co Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Thomas, P Pollard
(b) Address Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Siloam Chapel
18. (a) Signature of funeral director James M Faughlin
(b) Address Marceline Mo.
19. (a) May 4, 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1944 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 28, 1944 to May 1, 1944 that I last saw him alive on May 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Respiratory Failure (Terminal)
Due to Primary carcinoma of Stomach. — 2 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations ✓ 46 f
Of autopsy ✓

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

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 J. H. Fowler Jr (M. D. or other) DO
Address Mendon Mo. Date signed 5/13/44

1024 (Licensed Embalmer's Statement on Reverse Side)

Fowler

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-8-44

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.