

FILED SEP 9 1944  
Registration District No. 1360

Primary Registration District No. 3076

Registrar's No. 92

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

1. PLACE OF DEATH:

(a) County Vernon

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

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 6.8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

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

(d) Street No. 1228 N. Ash Street  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Sue Poland

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Columbus P. Poland

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

7. Birth date of deceased Feb. 20 - 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20 to July 24, 1944  
that I last saw her alive on July 24, 1944  
and that death occurred on the date and hour stated above. 1944

Immediate cause of death Intestinal obstruction Duration 4 days

8. AGE: Years Months Days If less than one day

71 5 3 hr. \_\_\_\_\_ min.

Due to Carcinoma of sigmoid flexure of colon ?

Due to \_\_\_\_\_

9. Birthplace Scotland County Mo.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) H6

10. Usual occupation \_\_\_\_\_

Major findings: Carcinoma of sigmoid

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business Housewife

12. Name John - E. Smith

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Christian Morgan

15. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Alice E. Lambaugh

(b) Address 911 W. Hunter

17. (a) Burial (b) Date thereof July 25 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery, Nevada, Mo.

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Nevada, Mo. Date signed 7-25-44

18. (a) Signature of funeral director [Signature]

(b) Address Neada, Mo.

19. (a) 8-4-44 (b) Hazel B. Beach  
(Date received local registrar) (Registrar's signature)

