

S. No. 2
FORM-5-43
Rev. 5-17-39
I X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34160

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Mr. Parent
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin ³⁵
(c) City or town Campbell ¹
(If outside city or town limits, write "RURAL") ²
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Thomas Henry Polsgrove

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, widowed

6. (b) Name of husband or wife Ellen Polsgrove 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: February 19 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 17 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Beige Polsgrove

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

14. Maiden name Simmons

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

16. (a) Informant Mr. Polsgrove (Daughter)
(b) Address Campbell Mo

17. (a) Burial (b) Date thereof Oct. 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gravel Hill Cemetery

18. (a) Signature of funeral director James Funeral Home
(b) Address Campbell Mo

19. (a) 10-10-44 (b) Mrs. L.P. Oliver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5
year 1944 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8/13/44 19 to 10/5/44 19
that I last saw him alive on 10/5/44 19
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Hydrostatic pneumonia

Due to Senile Cachexia
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

23. Signature Dr. B.L. Franklin (M.D. or other) MD
Address Campbell, Mo Date signed 10/5/44

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

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

35, 0

RECEIVED

District Health Office No. 2,

District File Number 1144-1538

Date Filed 11-13-44

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 Christina M. Sanders

Licensed Embalmer No. 4227

P. O. Address Danville, Md

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.