

Registration District No. 208

Primary Registration District No. 5762

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Rural - Rollingwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Imp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 40 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Ewing (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME JOHN WILLIAM 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 married  
6. (b) Name of husband or wife Lacey Pollock 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased July 25 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 20 If less than one day \_\_\_\_\_ hrs \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Alfred Pollock

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

14. Maiden name Martha Stagg Pollock

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

16. (a) Informant Mr John Pollock

(b) Address 6 W. 1st St

17. (a) Burial (b) Date thereof 9/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steffenville Mo

18. (a) Signature of funeral director Thomas J. Bell

(b) Address 6 W. 1st St

19. (a) 9/15/44 (b) Ms Margaret Maddox  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1944 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan  
\_\_\_\_\_, 1942, to Sept, 1944  
that I last saw her alive on Sept 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Complete ex-haust. Duration \_\_\_\_\_  
Due to Cancer of lower lip

Due to unknown cause  
Cancer involved cheeks in mouth  
Other conditions could not swallow  
(Include pregnancy within 3 months of death)  
Had hemorrhage of mouth

Major findings: Cancer began on  
Of operations piece of nose, 20 yrs  
Of autopsy arteriosclerosis  
general body

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) Mo  
(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 0

23. Signature John M. Crehan (M. D. or other) \_\_\_\_\_  
Address Nelsonville Mo Date signed 9-14

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

804

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

*Thom B Ball*

Licensed Embalmer No.

*1744*

P. O. Address

*Ewing 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.**