

FILED DEC 13 1944

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(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) 1
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 22 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 360 W. Marion St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME DORALEE POLLARD

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race Nege 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 6 16 1922
(Month) (Day) (Year)

8. AGE: Years 22 Months 5 Days 15 If less than one day 0 hr. 0 min.

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

10. Usual occupation Student

11. Industry or business

12. Name Ruthie Pollard
13. Birthplace Sweet Springs Mo (City, town or county) (State or foreign country)
14. Maiden name Pinkie Stevenson
15. Birthplace Sweet Springs Mo (City, town or county) (State or foreign country)

16. (a) Informant Mrs Ruthie Pollard
(b) Address 637 Marion Marshall Mo

17. (a) Burial (b) Date thereof 11-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia Mo

19. (a) 11-19-44 (b) Thos T.O. Washok
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th
year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Oct. 18th
..... 1944, to Nov. 15 1944
that I last saw her alive on Nov. 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 47.5 Days

Due to Possible invagination of Intestines
Due to.....

Other conditions (include pregnancy within 3 months of death) 1860
18

Major findings: Of operations.....

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) Accidental Fall
(b) Date of occurrence About Oct. 19-44
(c) Where did injury occur? Marshall Saline Mo
(City or town) (County) (State)
(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

23. Signature W. H. Madison (M. D. or other)

Address Marshall Mo Date signed 11-18-44

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

17
4

RECEIVED

District Health Officer No. 8,

Original File Number

Case Filed

12-12-64

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.