

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 77

Primary Registration District No. 30.16

Registrar's No. 12

1. PLACE OF DEATH:

(a) County COLE

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

(c) Name of hospital or institution: ST. MARY'S-HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days
(Specify whether years, months or days)

In this community 25 day

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI; (b) County MILLER

(c) City or town RURAL-FRANKLIN
(If outside city or town limits, write "RURAL")

(d) Street No. 371 W. BAGNELL-1070
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATTIE-D-POLLY

3. (b) If veteran, name war _____

3. (c) Social Security No. non

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN-day 10
year 1945 hour 11 minute 58 A.M.

21. I hereby certify that I attended the deceased from Dec. 30, 1944, to Jan 10-1945;
that I last saw her alive on Jan. 10-1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color, or race White

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

6. (b) Name of husband or wife JOSEPH-E-POLLY 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased FEB 18 1878
(Month) (Day) (Year)

Immediate cause of death: Myocardial failure
Atherosclerotic heart disease & gangrene
fracture L. femur

Due to lost leg due to

Other conditions: 12-19-44
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 11 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace CROSSTIMBERS-MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-WIFE

11. Industry or business HOME

12. Name WILLIAM-DANIELS

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

14. Maiden name unknown

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

16. (a) Informant Mr. Joseph Polly

(b) Address Eldon MO

17. (a) Burial (b) Date thereof 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDON-CEM

18. (a) Signature of funeral director John M. Payne

(b) Address Eldon MO

19. (a) 1-10-45 (b) Theresa Richter
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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) accident

(b) Date of occurrence 12-19-44

(c) Where did injury occur? Eldon Mo RR
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm home

While at work? no (Specify type of place) (c) Means of injury fall

23. Signature J. A. Essman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 1/10/45

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

4

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-17-45

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

John M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.