S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9261

FILED MAR 16 1945

Registration District No. 4

Primary Registration District No. 5152

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural Grant Twp

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Polo Rural 13

(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

3. (a) PRINT FULL NAME William Grant Pollard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Nellie May Pollard

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 7 (Day) 1866. (Year)

8. AGE: Years 78 Months 7 Days 26 If less than one day hr. min.

9. Birthplace La Prarie (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Jessie Pollard
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Nancy Jane Campbell
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Floyd T. Pollard

(b) Address Polo, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 4 (Day) 1945 (Year)

(c) Place: burial or cremation Prarie Ridge Cemetery

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri

19. (a) Feb 5 45 (Date received local registrar) (b) Corrium Garrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1945 hour 5 minute 35 A M.

21. I hereby certify that I attended the deceased from Jan 10, 1945, to Feb 3, 1945; that I last saw him alive on Feb. 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into abdominal Cavity — Duration Short

Due to Carcinoma of ascending Colon, Bowel locked for 13 days. — ?

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46

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)

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

While at work? (e) Means of injury

23. Signature C H Wilber M.D. (M. D. or other)

Address Polo Mo Date signed 2-3-45

46

(Licensed Embalmer's Statement on Reverse Side)

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston 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.