

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 10 1945**  
277

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14229

State File No. ....

Registration District No. ....

Primary Registration District No. 3052

Registrar's No. 101

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1105 1/2 E. 5th  
(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 Most of life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 110 1/2 West Second  
(If rural, give location)  
(e) Citizen of foreign country? No 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Edgar Polan  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 18  
year 1945 hour 3 minute 45 P M.  
21. I hereby certify that I attended the deceased from 9th 1945 to Apr 18 1945  
that I last saw him alive on Apr 18 1945  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nancy Polan  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased August 19 1871  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage and arteriosclerotic nephritis  
Due to Senility  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
73 7 29 hr. min.

Other conditions: ✓  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired Coach Carpenter

Major findings: ✓  
Of operations 13/10  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Abraham Polan

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

14. Maiden name Catherine Dray  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ida Murray  
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Apr. 21, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.  
(b) Address Sedalia, Missouri

19. (a) 4-20-45 (b) Anna Anna Berger  
(Date received local registrar) (Registrar's signature)

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 J. T. Beshof (M. D. or other) \_\_\_\_\_  
Address Sedalia Mo Date signed 4-20-45

1022 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

5/9/45

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 \_\_\_\_\_

*K.P.M. Cravy*

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.