

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1396

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Musey Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours
(Specify whether years, months or days)

In this community 6.9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1804 Faraon
(If rural, give location)

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

3. (a) PRINT FULL NAME Lillie B. Polk

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 45 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-23-45
1945 to 12-24 1945
that I last saw her alive on 12-24 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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 25, 1871
(Month) (Day) (Year)

Immediate cause of death Tobac Pneumonia of Both Lungs

Due to Exposure and Lack of Movement

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 100

8. AGE: Years 74 Months 2 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation retired teacher

11. Industry or business Public Schools

12. Name Marcellus Polk

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

14. Maiden name Ella Gray

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

16. (a) Informant Mrs. Atha Polk

(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/26/45
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mans

18. (a) Signature of funeral director Neater Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) Dec 25-1945 (Date received local registrar) (b) H. Mathias (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Glen W. Smiley (M.D. or other) D.D.
Address 823 Faraon Date signed 12-24-45

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

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 24 Dec 45

....., Registered Apprentice No. _____
working under my personal supervision.

Signed.....

Harold Brown

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.