6. No. 2
M—5-43
5-17-39
I X36671

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

19928

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20456

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2699

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital No. 2 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1601 Garfield (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME POLK, OSBORNE ROBERT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race Negro

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 May 18, 1946 (Month) (Day) (Year)

8. AGE: Years ----- Months --- Days 27 If less than one day hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Osborne Robert Polk, Sr.

FATHER 13. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

MOTHER 14. Maiden name Malla Mae Thomas

MOTHER 15. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 6-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 10: minute 50 a. M.

21. I hereby certify that I attended the deceased from June 12, 1946, to June 15, 1946; that I last saw him alive on June 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asphixia	
Due to Congenital Anomalies of diaphragm and abdominal	
Due to muscles	
Other conditions (Include pregnancy within 3 months of death)	

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)

(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 0

23. Signature [illegible] (M. D. or other) M. D.

Address General Hosp. #2 Date signed 6-17-46

(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. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.**