

FILED JUL 12 1946

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 104

1. PLACE OF DEATH:

(a) County: St Charles
(b) City or town: St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Two Weeks (Specify whether
In this community: One Year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Charles
(c) City or town: St Charles
(If outside city or town limits, write "RURAL")
(d) Street No.: 209 Clark (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME OF DECEASED: Katherine Polston

3. (b) If veteran, name war: None 3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James Polston 6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Sept 29 1877
(Month) (Day) (Year)

8. AGE: Years: 68 Months: 8 Days: 28 If less than one day: _____ hr. _____ min.

9. Birthplace: Montgomery County Mo (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: _____

12. Name: James Jones

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

14. Maiden name: Unknown

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

16. (a) Informant: James Polston

(b) Address: 209 Clark St Charles Mo.

17. (a) Burial (b) Date thereof: June 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Warrenton Mo

18. (a) Signature of funeral director: Wackmann Paul

(b) Address: St Charles Mo.

19. (a) July 4 - 46 (b) Frankie Hamilton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27th
year: 1946 hour: 11 minute: 4 M.

21. I hereby certify that I attended the deceased from: 6/1 1946 to: 6/27 1946
that I last saw her alive on: 6/27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis Duration: 3 days

Due to: Postoperative 18 days

Due to: Cancer of duodenum 1 yr

Other conditions: _____ (include pregnancy within 3 months of death)

Major findings: Carcinoma of duodenum (ampullary)
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? _____

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

23. Signature: P. P. Newberry (M. D. or other) MD
Address: St. Charles Mo Date signed: 6/28/46

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

20050

284

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-11-46

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..... *Arthur C. Brown*.....

Licensed Embalmer No. 3155

P. O. Address..... *St Charles 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.