

5. No. 2
4-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 11 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **31166**

Registration District No. **295**

Primary Registration District No. **5977**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Aldrich R.T.D.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **5 months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Polk 84**
(c) City or town **Aldrich**
(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 **Mark Harriet Poland**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Earl Poland** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **10** (Month) **14** (Day) **1906** (Year)

8. AGE: Years **52** Months **11** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Mo** (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **D. S. Lowerly** **9**

13. Birthplace **Not known** (City, town, or county) _____ (State or foreign country) _____

14. Maiden name **Sarah Williams**

15. Birthplace **Not known** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **Mrs Delores Rodch**

(b) Address **Aldrich R.T.D.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-23-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Hickory Grove Mo**

18. (a) Signature of funeral director **Morris L. Emdin**

(b) Address **Ash Grove Mo**

19. (a) **October 2, 1946** (Date received local registrar) **Billie Frieze** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **22** year **1946** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of uterus**
Due to **general metastases** yrs.

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

Major findings: Of operations **48B** Of autopsy _____

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 **R. F. Wilson** (M. D. or other) **Fair Play Mo** Address _____ Date signed **9/23/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

261

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District file number 9-46-1033

Date Filed 10-9-46

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 Maude O Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.