

No. 2
-12-45
5-17-39
I X47070

FILED APR 4 1947
Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Verde

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

(c) Name of hospital or institution:
227 N. South Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jerman 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 227 N. South Street 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Clarence Polk

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Sm O 5. Color or race W

6. (a) ~~Single~~, married, divorced

6. (b) Name of husband or wife Nancy Millie Polk

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 6 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 15

If less than one day _____ hr. _____ min.

9. Birthplace Hickensburg Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER

12. Name John Polk

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

14. Maiden name Margaret Giblen

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

16. (a) Informant Harold Polk

(b) Address 227 N. South Nevada

17. (a) Burial (b) Date thereof May 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director Walter H. Hines

(b) Address Nevada Mo

19. (a) 4-3-47 (b) Walter H. Hines
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Mar 21 1947
that I last saw him alive on Mar 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary sclerosis

Due to _____

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

Major findings: Of operations 947

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 W. H. Hines (M. D. or other) MD
Address Nevada Date signed 3-29-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 2-47-200
Date Filed 4-8-47

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

Signed L. B. Ferry
Licensed Embalmer No. 1760
P. O. Address Howard, 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.