

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26470

FILED AUG 1 1947

Registration District No. 337-

Primary Registration District No. 4499

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town CLARENCE
(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

In this community ENTIRE LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Pollard

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

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

6. (b) Name of husband or wife Lula Pollard 6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased 9 16 1869 (Month) (Day) (Year)
8. AGE: Years 77 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation Printer - paper Hanger

11. Industry or business

12. Name JAMES POLLARD I

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

14. Maiden name EMMA Mc Kedskey (City, town, or county) (State or foreign country)

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

16. (a) Informant Bill Pollard

(b) Address CLARENCE Mo

17. (a) BURIAL (b) Date thereof 7-8-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood - Clarence

18. (a) Signature of funeral director Maplewood - Clarence

(b) Address Clarence Mo

19. (a) July 17-47 (b) Ruth Garner (Date received by local registrar) (Registrar's signature) 327

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town CLARENCE (If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1947 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from July 21 1947 to July 7 1947

that I last saw her alive on July 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 15 mos

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ASD

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 D. L. Harlan M. D. or July 8 (M. D. or other) (Date signed)

Address Clarence, Mo Date signed 1947

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 7-47-954
Date Filed JUL 30 1947

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 *James E. Hopper*

Licensed Embalmer No. *4261*

P. O. Address *Blairsville, Me*

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.