S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Dills 27397

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 775

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Rural Gasconade Township Hartville (If outside city or town limits, write "RURAL")
(d) Street No. Route # 3 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Danford Pollock
3. (b) If veteran, name war World War # 1
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verda W. Pollock
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July (Month) 31 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
53	2	0	hr. min.

9. Birthplace Loganford (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Steamfitter
11. Industry or business
FATHER
12. Name David Rittenhouse Pollock
13. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)
MOTHER
14. Maiden name Elizabeth Davis
15. Birthplace Unknown (City, town, or county) Delaware (State or foreign country)
16. (a) Informant Mrs. Verda W. Pollock
(b) Address Route # 3 Hartville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Grove, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 9-2-47 (Date received local registrar) (b) W. E. Hanley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1947 hour 7 minute 30p. M.
21. I hereby certify that I attended the deceased from 2:30 A.M. Aug 30, 1947, to 7:30 p.m. 9-1, 1947; that I last saw him alive on Sept 1, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Contusion	2 dys
Due to Trauma - Auto Accident	
Due to	
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) Accident 107
(b) Date of occurrence 8-30-47
(c) Where did injury occur? Texas, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public Hiway (Specify type of place)
While at work? No, (e) Means of injury Auto
23. Signature Joseph N. Hills (M. D. or other)
Address Springfield, Mo. Date signed 9-2-47

(Licensed Embalmer's Statement on Reverse Side) Coll. with other M. Vehicle

SEP 19 1947

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 James B Gaughen, Registered Apprentice No. 466, working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.