. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40722

Registration District No. 362 Primary Registration District No. 6230 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Pinckney township)
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County Warren
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. south of Warrenton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Jasper Polston
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy Ann Lynch
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 4, 1882 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	6	13	hr. min.

9. Birthplace Warren County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Thomas Jasper Polston
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Nancy Rattles
15. Birthplace Gasconade County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Tom Polston
(b) Address R.R. #3 Warrenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cemetery Warren County, Mo.
18. (a) Signature of funeral director F. W. NIEBURG & CO.
(b) Address Warrenton, Mo.
19. (a) 10-20-47 (Date received local registrar) (b) Mrs. Fred Morsey (Registrar's signature) 275

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1947 hour 1:30 minute P. M.
21. I hereby certify that I attended the deceased from Nov 2, 1947, to Oct 17, 1947;
that I last saw him alive on Oct 16, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	12 hr.
Due to: Hypertensive Cardio-vascular renal disease	unknown
Due to: Diabetes mellitus	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 6
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Harold J. Hoelscher (M. D. ~~or other~~)
Address Warrenton Mo. Date signed Oct 20 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number NOV 18 1947
Date Filed

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 John F. Liebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.