S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 5028

Registration District No. 149 | Primary Registration District No. 102 | Registrar's No. 680

**1. PLACE OF DEATH:**
(a) County: Jackson
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days (specify whether)
In this community: 12 days
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MO (b) County: Caldwell
(c) City or town: Polo, Mo. Rural
(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:

3. (a) PRINT FULL NAME: Pollard, Mrs. Nellie
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: unknown.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 21 (Day) 1886 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 8 | 23 | br. min. |

9. Birthplace: Cowgill (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Thomas A. Craven
13. Birthplace: Thomasville, N. Car.
(City, town, or county) (State or foreign country)
14. Maiden name: Nancy Brookshire
15. Birthplace: Knoxville, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Gertie Arnote (sister)
(b) Address: Polo, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Prairie Ridge Kingston Mo.
18. (a) Signature of funeral director: Cramer Clark
(b) Address: Kingston Mo.
19. (a) 2-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 14 year 48 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from 2-2-48, 1948 to Feb. 14, 1948 that I last saw her alive on Feb 14, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary occlusion | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: Cancerectomy & Segmental Colon
Of autopsy:

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or other)
Address: 915 Ely Ave Kcmo Date signed 2-14-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.**