

3. No. 39
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12205
Registrar's No. 374

Registration District No. 128 Primary Registration District No. 2000

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

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:
O'Reilly VAH., Springfield, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 40 days
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. Metropolitan Hotel 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Edward Polly
3. (b) If veteran, name war WW-I
3. (c) Social Security No. 440 129 680

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1948 hour 4 minute 15 P.M.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

21. I hereby certify that I attended the deceased from 23 March, 1948, to 2 May, 1948,
that I last saw him alive on May 2, 1948,
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased October 30 1881
(Month) (Day) (Year)

Immediate cause of death Tuberculosis, pulmonary, chronic, reinfection type, far advanced, active. Duration

8. AGE: Years Months Days If less than one day
66 6 2 — hr. — min.

Due to
Due to

9. Birthplace Morgan County, Missouri 0
(City, town, or county) (State or foreign country)

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Painter

Major findings:
Of operations AB

11. Industry or business

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records - Veterans
(b) Address Springfield, Mo.

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?

17. (a) Removed (b) Date thereof 5-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richland, Mo.

18. (a) Signature of funeral director James J. [Signature]
(b) Address Springfield, Mo.

(Specify type of place) While at work? (c) Means of injury 0

19. (a) 5-4-48 (b) M.E. Handley
(Date received local registrar) (Registrar's signature)

23. Signature Paul [Signature] (M. D. or other)
Address VAH Springfield, Mo. Date signed 5-1-48

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

L. Karlin Gorman

Licensed Embalmer No.

3177

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.