FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 24 1948

Registration District No. 8 2

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 19010

Registrar's No. 77

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alex VanRavenswaay Hospital. 0
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 3 Weeks. (Specify whether years, months or days)
In this community: All of life.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper 27
(c) City or town: Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No.: Main St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Charles W. Pollard.
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Mattie Ann Tucker.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 7 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	29	hr. min.

9. Birthplace: Cooper County, (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation: Laborer (Retired)
11. Industry or business:
FATHER
12. Name: Unknown. 9
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown.
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: Ray Pollard.
(b) Address: Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 8th/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cemetery.
18. (a) Signature of funeral director: Goodman & Boller.
(b) Address: Boonville, Mo.
19. (a) 6-8-48 (Date received local registrar) (b) O. G. Hooper (Registrar's signature) 34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 6
year: 1948 hour: 12 minute: 30 P.M.

21. I hereby certify that I attended the deceased from May 20 19 48 to June 6 19 48
that I last saw him alive on June 6 19 48
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 weeks
Due to: Hypertrophic prostate with urinary retention	
Due to: and infection of bladder and kidneys	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

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: Alex Ravenswaay (M. D. or other)
Address: Boonville Mo Date signed: 6-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-23-48

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 William W. Wood, Registered Apprentice No. 480 working under my personal supervision.

Signed J H Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.