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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20473

FILED JUL 9 1948

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mc Cormick Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether In this community years, months or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 824 Garfield
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIE WAYNE POLLARD

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 24 1948, to June 27 1948

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

that I last saw him alive on June 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 2 days

7. Birth date of deceased: June - 24 - 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 151

11. Industry or business _____

12. Name Victor Pollard

13. Birthplace Jarro Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Crimine Malaney

15. Birthplace Beaconsfield Iowa
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Victor Pollard

(b) Address 824 Garfield Moberly MO

17. (a) Burial (b) Date thereof June 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ash Missouri

18. (a) Signature of funeral director Brown Funeral Home

(b) Address Moberly Missouri

19. (a) June 28-48 (b) John William Lowe
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. H. McCormick D.D. (M. D. or other) _____

Address 300 5th St. Moberly Mo Date signed 6-28-48

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-48-1206

Date Filed JUL 7 - 1948

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.

Not Embalmed

Signed..... 

Licensed Embalmer No.....

P. O. Address.....

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.