

S. No. 300
M-10-47
rv. 5-17-39
I 3905

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26542**
Registrar's No. **3257**

FILED AUG 26 1948
Registration District No. **949**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 17 years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Lola Pollock, Ruby Mae

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas Leroy Pollock 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 1 16 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>6</u>	<u>23</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Ellis

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

MOTHER FATHER

16. (a) Informant Thomas Leroy Pollock

(b) Address 1020 E. 9, K.C. Mo.

17. (a) Burial (b) Date thereof 8 11 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Mr. C. J. Jester

(b) Address 918 Brookfield K.C. Mo.

19. (a) 8-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 East 9th St. **8**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1948 hour 1:25 minute A M.

21. I hereby certify that I attended the deceased from 8-3-48, 19... to 8-9-48, 19...
that I last saw h. er alive on 8-9-48, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis and bronchial pneumonia **Duration**

Due to

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: See above **PHYSICIAN**

Of operations

Of autopsy

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?

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

23. Signature Wm. W. Hart (M. D. or other) **nd**
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed

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 Robert C. Herrmann

Licensed Embalmer No. 3700

P. O. Address. K. C. 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.