

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1386

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 701 Woodland	
3. NAME OF DECEASED (Type or Print) Bertha Pollard			4. DATE OF DEATH (Month) (Day) (Year) 1 13 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 28-1881
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bates County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jahan Gibson	
13b. MOTHER'S MAIDEN NAME Emma Keturah Sell		14. NAME OF HUSBAND OR WIFE Jessie Pollard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Pollard Lathrop
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized abdominal carcinoma tosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site - ovary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR J			
22. I hereby certify that I attended the deceased from Jan. 4 , 19 49 , to Jan. 13 , 19 49 , that I last saw the deceased alive on Jan. 13 , 19 49 , and that death occurred at 2:25A , m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. W. Hart		23b. ADDRESS Med. Dir. Gen'l Hosp.	
23c. DATE SIGNED 1-13-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-13-49	
24c. NAME OF CEMETERY OR CREMATORY Mirabile, Cemetery, Mirabile, Mo.		24d. LOCATION (City, town, or county) (State) Cameron, Mo.	
DATE REC'D BY LOCAL REG. 1-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE de Moss Crunk		ADDRESS Cameron, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

Dr. [unclear]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4888

P. O. Address Lathrop, 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.