

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39970

State File No.

BIRTH NO. REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 46

107
8

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

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tx.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Piby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Tx.</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>LOWELL</u> c. (Last) <u>POLLARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	
8. DATE OF BIRTH <u>Sept. 18, 1875</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Texas Co. Tx.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Harvey Pollard</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Wesley</u>		14. NAME OF HUSBAND OR WIFE <u>Nattie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>60</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Eberhart Houston, Tx.</u>	

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, asthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spent a long, good vacation in Bal.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-001</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Houston Texas Tx.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12, 1949, to 22, 1949, that I last saw the deceased alive on 19 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gaylord V. Elliott</u> (Degree or title) <u>C coroner</u>		23b. ADDRESS <u>Cadwell Rd Houston, Tx.</u>		23c. DATE SIGNED <u>Nov 24/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clara</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Tx.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 5-49</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u>		ADDRESS <u>Houston, Tx.</u>	
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Recin
Sept
12-7
11:00

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 Gaylord V. Elliott
Licensed Embalmer No. 9252

P. O. Address Calver, Md

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.