

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 9 1953

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registration No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roanoke Nursing Home, 3660 Summit</u>				d. STREET ADDRESS (If rural, give location) <u>4915 Westwood Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PORTER</u>		b. (Middle) <u>SMITH</u>		c. (Last) <u>POLLARD</u>	
4. DATE OF DEATH		5. SEX <u>M</u> <u>O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 9, 1869</u>		9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>	
12. HOURS <u>0</u>		13. MIN. <u>0</u>		14. DATE OF DEATH <u>Jan. 2, 1953</u>		15. YEAR <u>1953</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Groceryman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles E. Pollard</u>		13b. MOTHER'S MAIDEN NAME <u>Ann E. Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Pollard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS <u>Mr. Robert F. Pollard, 4915 Westwood Rd., KC</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrum hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured left hip.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infirmity of age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>June 5 1952</u>  <u>89-20</u> <u>20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>123</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		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>Kansas city Jackson, mo.</u>			
21d. TIME OF INJURY <u>6-5-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor.</u>			
22. I hereby certify that I attended the deceased from <u>1945</u> to <u>Jan 2, 1953</u> , that I last saw the deceased <u>live on Jan. 1, 1953</u> , and that death occurred at <u>5:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis J. Henry</u> (Degree or title)				23b. ADDRESS <u>2910 Harrison K.C. 3</u>		23c. DATE SIGNED <u>Jan 2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-3-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frances J. Henry

2910 Harrison

Va. 2042

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 \_\_\_\_\_

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.

*George D. [unclear]*  
11/25  
1941 West 29th  
Riverside City, Mo