

REC'D MAR 4 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5876  
Do not use this space.

Registered No. 942

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 2743 Troost St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth yrs. mos. da.

2. PRINT FULL NAME

Jacob Pollock 420  
 (a) Residence, No. 1110 Admiral St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Pollock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 8 27

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Ins. Agent  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

FATHER 13. NAME Isaac Pollock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER 15. MAIDEN NAME Mary Link

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Nettie Pollock  
1110 Admiral

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Catharine DATE 3-1-38

19. FUNERAL DIRECTOR (ADDRESS) J. P. Davis Funeral Home  
3500 Woodland  
428 38th St. Brown

20. FILED 428 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Feb 25, 1938.  
 (I last saw him alive on Feb 25, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia  
1070  
 Other contributory causes of importance: arteriosclerosis  
 Date of onset 2/25/38

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 (Signed) J. H. Hallman M. D.  
 (Address) 408 Lyngby Bldg  
K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I, Philip Lewis, Licensed Embalmer No. 3112

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Philip Lewis  
Licensed Embalmer No. 3112

**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.)**