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.

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

15852
Do not use this space.

MAY 22 1939

1. PLACE OF DEATH
(a) County Polk
(b) Township Marion
or
(c) City
Registration District No. 7
Primary Registration District No. 59 20
Registered No. 21
(d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 435 Caroline Polodna
(a) Residence, No. Polk Co 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~~ F.
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 Andrew Polodna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1901
7. AGE YEARS 37 MONTHS 2 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H.W.
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Iowa

FATHER
13. NAME Mat Novak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohmia

MOTHER
15. MAIDEN NAME Anna Hooskey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohmia

17. INFORMANT (ADDRESS) Andrew Polodna Karlin
18. BURIAL, CREMATION, OR REMOVAL
PLACE Karlin DATE April 22 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hutcheson-Blue Bolivar Mo.
20. FILED 4-22- 1939 J. F. Roberts Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1939
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939, to April 22, 1939
I last saw him alive on April 22, 1939 Death is said to have occurred on the date stated above, at 8-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
following	
Parturition	Apr 22

Other contributory causes of importance: 148

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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
If so, specify
(Signed) Doyle Williams, M. D.
(Address) Bolivar Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-39-290
Date Filed 5-11-39

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.