

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

### 34833

Do not use this space.

### 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 100 Registered No. 3808  
 (c) City Kansas City (d) Street No. 615 W. 39th 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 Mrs. Eugenia Smith Pollock

(a) Residence, No. 615 W. 39th. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

#### PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Female	White	Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Erle D. Pollock</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 1899</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	40	2	23	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>			
	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)	<u>Kansas City</u> / <u>Kansas</u>			
FATHER	13. NAME <u>Finis Smith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Windsor Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Maggie Flynn</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo.</u>			
17. INFORMANT <u>Erle D. Pollock</u> (ADDRESS) <u>615 W. 39th</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>Oct. 2</u> , 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Gates Funeral Home</u> (ADDRESS) <u>Kansas City Kansas</u>				
20. FILED <u>Oct 2 3 39 P.M.</u> <u>Crowe</u> Local Registrar.				

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939, to Sept 30, 1939  
 I last saw him alive on Sept 30, 1939 Death is said to have occurred on the date stated above, at 7:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cirrhosis of the liver  
12410

Date of onset	About
	<u>Aug 1st</u>
	<u>1939</u>

Other contributory causes of importance:  
 ① Renal vein obstruction  
 ② ascites  
 ③ possible carcinoma

Name of operation quadrantectomy Date of Nov 1939  
 What test confirmed diagnosis? enlarged liver 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  
 If so, specify \_\_\_\_\_ (Signed) C. H. Wilson, M. D.  
 (Address) Flora Medical Bldg  
KCMO

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 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 W. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address Kansas City 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, above space should be left blank.**