

1939 JAN 11 1939

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

42852
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph, Mo. Primary Registration District No. 1001 Registered No. 1333
(c) City St. Joseph, Mo. (d) Street No. Missouri Methodist Hospital 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

Infant daughter of Mr. & Mrs. George F. Poland
(a) Residence, No. Larnett, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1939
22. I HEREBY CERTIFY, That I attended deceased from at Birth 12-28-1939
I last saw her alive on Nesler, 19 . Death is said to have occurred on the date stated above, at 3:05 A
The principal cause of death and related causes of importance were as follows:

Died during or before Labor.
Date of onset

Other contributory causes of importance:
Cause of Intra uterine death not known - Autopsy showed only Intra uterine
Name of physician Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) E. E. Wadlow, M.D., M. D.
(Address) 620 Francis St., St. Joseph

12. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Missouri
13. NAME George Poland
14. BIRTHPLACE (CITY OR TOWN) Buchanan County (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Julia Linkhorn
16. BIRTHPLACE (CITY OR TOWN) Platte County (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Mrs. George Poland
Larnett, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Agency cemetery DATE Dec. 28, 1939
19. FUNERAL DIRECTOR (NAME) H. A. Sullivan (ADDRESS) Agency, Mo.
20. FILED Dec. 28, 1939 G. J. Westphal Local Registrar

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.

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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.....

Was not Embalmed....., 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 comply with the above constitutes grounds for revocation of license.)

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