

Registration District No. 266

Primary Registration District No. 5370

Registrar's No. 12

1. PLACE OF DEATH:

(e) County Dent
(b) City or town Spring Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community about two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1941 hour 9 minute 55 P M.

21. I hereby certify that I attended the deceased from 12/10/38
1938 to 2/1/41 1941;

that I last saw him alive on 2/1/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Division Tubercu

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy none made

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ Means of injury _____

23. Signature P. E. Graft (M. D. or other) _____

Address Salem, Mo Date signed 2/7/41

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

8. (a) PRINT FULL NAME Sam Polk

8. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Julia Sweeney 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 13 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Reynolds Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business XXXX

12. Name Soloman Polk

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Vittitoe

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Lana Stewart

(b) Address Salem Mo

17. (a) burial (b) Date thereof 2/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Polk Cemetery

18. (a) Signature of funeral director Carl Spiner

(b) Address Salem Mo

19. (a) 1-8-41 (b) Elizabeth M.D.
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File Number 341391

Date Filed _____

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, ~~only~~ _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3806

P. O. Address Salem, Ma

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.