

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21201**  
Registrar's No. **D. 571**

Registration District No. **85** Primary Registration District No. **1001**

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nursing Home 2920 Penn st  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 months  
(Specify whether  
In this community 30 yrs -  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2706 Monaghan  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maxwell G. Pollock  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 26  
year 1941 hour 5 minute 5:00pm  
21. I hereby certify that I attended the deceased from Aug 23  
\_\_\_\_\_ 1940, to June 21 1941;  
that I last saw him alive on June 21 1941;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Merica Pollock  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 7, 1855  
(Month) (Day) (Year)

Immediate cause of death  
hemorrhage of Pons Primary metastatic to spinal cord  
Due to Bed sores 3 months  
Due to \_\_\_\_\_

8. AGE: Years 85 Months 10 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 5th

9. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation night watchman

11. Industry or business grocery

12. Name Maxwell Pollock

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

14. Maiden name unknown

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

16. (a) Informant Floyd M. Pollock

(b) Address 2032 Sylvan

17. (a) removal (b) Date thereof June 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coatsburg Illinois

18. (a) Signature of funeral director Heston Be God + Bowman  
(b) Address St Joseph Missouri

19. (a) June 27, 1941 (b) J. J. Neale  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations ✓  
Of autopsy ✓

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? ✓

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

23. Signature Dr. Charles A. Werner (M. D. or other) MD  
Address 321 Kirtpatrick Bldg Date signed 6-26-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

AUG 15 1941

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 6/16/41  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 4th St. Memphis

**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, fact should be so stated above.**