

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28449

Registration District No. 278

Primary Registration District No. 4332

Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Mo
(c) Name of hospital or institution Rec Hospital - Fayette, Mo
(d) Length of stay: In hospital or institution 0
In this community Life - 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(d) Street No. —
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Dorothy Ann Polson,
(b) If veteran, name war —
(c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23rd year 1941 hour 11:50 minute 2 M.
21. I hereby certify that I attended the deceased from Feb. 2, 1941, to July 23 of 1941 that I last saw her alive on 7-23 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hubert M. Polson 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased May 16 1921

Immediate cause of death Heart Failure
Hemorrhage

8. AGE: Years 20 Months 2 Days 7 If less than one day hr. min.

Due to Amnion of Ectopic
Due to uterine Infection

9. Birthplace Missouri
10. Usual occupation At home

Other conditions Pregnancy
Major findings: Of operations

MOTHER FATHER
12. Name Charles Dougherty,
13. Birthplace Missouri
14. Maiden name Mary Ballew,
15. Birthplace Missouri

Of autopsy Hic
PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Hubert M. Polson,
(b) Address Fayette, Mo.
17. (a) Burial (b) Date thereof 7-25th 1941
(c) Place: burial or cremation City Cemetary.

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

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 8-4-1941 (b) Arthur P. [Signature]

While at work? — (Specify type of place) (c) Means of injury —
23. Signature W. Bloom (M. D. or other) H. D.
Address Fayette, Mo. Date signed 7-25-41

341 (Licensed Embalmer's Statement on Reverse Side)

11-0-11
14-8-2-7
A.W. - A.W.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-27-41

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 Guy T. Halliday
Licensed Embalmer No. 2911
P. O. Address Jayville, 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, fact should be so stated above.