

FILED SEP 11 1941

Registration District No. 685

Primary Registration District No. 4282

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Mollie V. Polk

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife G. H. Polk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 6, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Cerro Gordo, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name J. A. Stanfield

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

14. Maiden name E. J. Copeland

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

16. (a) Informant Gene Polk
(b) Address Steele, Mo.

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

(c) Place: burial or cremation Mt. Zion Cem.

18. (a) Signature of funeral director LaForge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) 9-11-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Steele
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1941 to AUG. 15, 1941
that I last saw h ey alive on Aug. 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death ① Myocardial infarction & hypertension
② Coronary heart disease

Due to _____

Due to _____

Other conditions 102
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations: _____

Of autopsy: ✓

Duration

2 yrs

1 yr

PHYSICIAN

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?

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

23. Signature E. L. Taylor (M. D. or other) ma
Address Steele, Mo. Date signed 8-16-41

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

78
3
0

SEP 9 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. W. Schuman

Licensed Embalmer No. *4086*

P. O. Address..... *Cynthiana, 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.