

FILED MAR 9 1942 99

State File No.

Registrar's No. 517

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
10 West 58th Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 49 years,
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 10 West 58th Street,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME John F. Pollock,
3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 3rd
year 1942 hour 2:00 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Elma Pollock,
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 11, 1940, to Feb 3, 1942
that I last saw him alive on Feb 2, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>1</u>	hr. min.

Immediate cause of death arteriosclerosis
heart disease - a.s. nephritis
cerebellar hemorrhage
Due to terminal uremia
Due to 13/0

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired,

11. Industry or business Cement
12. Name Rev. David Pollock,
13. Birthplace Pennsylvania,
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Kirkpatrick,
15. Birthplace Pennsylvania,
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elma Pollock,
(b) Address 10 West 58th St., Kansas City, Mo.

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?

17. (a) Burial, cremation, or removal Burial, (b) Date thereof 2-5-42
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey,

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

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

23. Signature Joseph E. Welker (M. D. or other) MD
Address 8936 Prof Bldg Date signed 2/4/42

19. (a) 2-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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

MOTHER FATHER

1-30
1-6087

NOV 24 1943

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 Felix Remy
Licensed Embalmer No. H127
P. O. Address NC 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.