

S. No. 2
M-1-4-41
7-5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7011

State File No. _____

FILED MAR 20 1942

Registration District No. 470

Primary Registration District No. 3022

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town DeSoto Mo.
 (c) Name of hospital or institution: None ✓
107 N. Third
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 38 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town DeSoto
 (d) Street No. 107 N. Third
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SARAH LYDA POLK

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Francis M. Polk 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased Jan. 17, 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Cline

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

14. Maiden name Mary Hibbit

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

16. (a) Informant Mrs. Blanche Eckdahl

(b) Address 1439 - Graham St. Lawrence

17. (a) Burial (b) Date thereof Feb. 5, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson, Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 2-4-42 (b) Fern Spencer
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
 year 1942 hour 9 minute 45 AM.

21. I hereby certify that I attended the deceased from Jan 14-1941
Feb 3-1942
 that I last saw her alive on Feb 3-1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial revascularization of heart
 Duration Not known

Due to _____
 Due to _____

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

Major findings: Of operations 926
 Of autopsy _____
 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)
 (c) Means of injury _____
 23. Signature Walter E. Gibson (M. D. or other) _____
 Address De Soto, Mo. Date signed 2-3-42

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

50
220

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

Lee M. Kershner

Licensed Embalmer No.

3531

P. O. Address

Delo 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.