No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5006

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital ~~or institution~~ ST. MARY'S HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 2 WEEKS (Specify whether years, months or days)

In this community 32 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town GRANDVIEW (If outside city or town limits, write "RURAL")

(d) Street No. BOX 94 RURAL (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MR. HARRY B. POLLOCK

3. (b) If veteran, name war NONE

3. (c) Social Security No. 496-10-4358

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. IDA BRODERICK POLLOCK

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased JUNE (Month) 10 (Day) 1882 (Year)

8. AGE: Years 56 Months 5 Days 15 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TRAVELLING SALESMAN

11. Industry or business WHOLESALE CLOTHING

FATHER
12. Name H. M. POLLOCK
13. Birthplace ST. THOMAS (City, town, or county) CANADA (State or foreign country)

MOTHER
14. Maiden name LOUISE SPAETE
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. IDA BRODERICK POLLOCK
(b) Address BOX 94, GRANDVIEW, MISSOURI

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof NOV. 27, 1943 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 11-27-43 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 25TH year 1943 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to Nov 25, 1943 that I last saw him alive on Nov 25 - 12 AM, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Supurative mastoiditis, — Duration

Due to Pneumacoccus, type 6

Due to 84 h

Other conditions (Include pregnancy within 3 months of death) Meningitis, pneumococcal type 6

Major findings:
Of operations

Of autopsy As described

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 Paul L. Stookey (M. D. or other)
Address Grandview Road K. C. Mo. Date signed Nov 24 1943

(Licensed Embalmer's Statement on Reverse Side)

822 Argyle Bldg. 8
11:30. 6 Feb

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 H C Newcomer Jr

Licensed Embalmer No. 4047

P. O. Address K C 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.