

FILED APR 15 1944
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1500

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether
In this community 35 yrs.
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. 1315 Eastern
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country d

3. (a) PRINT FULL NAME Mrs. Lena Sarah Pollock

3. (b) If veteran, name war No
3. (c) Social Security No. 496-24-9716

4. Sex Fem 5. Color or race Wh.
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James C. Pollock
6. (c) Age of husband or wife if alive Dec. 5 1875
7. Birth date of deceased (Month) 10 (Day) 5 (Year) 1875

8. AGE: Years 68 Months 5 Days 27
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business none

MOTHER, FATHER

12. Name Jacob Becker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Emery Pollock (son)

(b) Address 320 So. Indiana St., K. C. Mo.

17. (a) Burial (b) Date thereof Apr. 5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Indep. Ave., K. C. Mo.

19. (a) 4-4-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4 2nd
year 1944 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 1944
that I last saw him alive 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Multiple fractures of right leg and pelvis
Due to Automobile Traumatism
Other conditions (motor car & pedestrian)
(Include pregnancy within 3 months of death)

Major findings: Of operations 17 Oct 44
Of autopsy See above

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) accident 12m
(b) Date of occurrence 4/1/44
(c) Where did injury occur? Kansas City, Jackson Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work Street
(Specify type of place) Means of injury car

23. Signature D. E. Brown (M. D. or other)
Address 33rd & Mc Coy, K.C. Mo. Date signed 4/2/44

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

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.....

John P. Sheel

Licensed Embalmer No. *3625*

P. O. Address *N 6 Md*

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.