

FILED MAY 5 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 weeks - 5 days
(Specify whether)
 In this community 6 weeks - 5 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller⁶⁶
 (c) City or town Barnett¹¹
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edgar Daniel Polly

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased March 11 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Clint Polly

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

14. Maiden name Worlda Hoover

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

16. (a) Informant Mrs. Anna Kadderly

(b) Address 430-W-35

17. (a) Burial (b) Date thereof Apr - 25 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo
Mr. C. R. Fort

18. (a) Signature of funeral director _____
 (b) Address 918 Franklin

19. (a) 4-25-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
 year 1944 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 3-7-1944 to 4-23-1944
 that I last saw him alive on 4-23-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus meningitis

Due to _____
 Due to _____

Other conditions 8/10
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature H. W. Kelly (M. D. or other)
 Address 1624 Prof Rdg Date signed _____

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..... *Ralph W. Rummel*.....

Licensed Embalmer No. *3860*.....

P. O. Address *Kansas City, 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.