S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23846

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2858

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: 3231 Prospect Pate Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 527 Brookside, Fmt. Sta.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SOPHIA LOUISE POLANZ

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

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife August E. Pubanz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 1 (Day) 1861 (Year)

8. AGE: Years 83 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Posman (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name (Unknown) Zielke
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Marie Franc
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Henry H. Peterkort
(b) Address 527 Brookside, fmt. Sta. K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director /George C. Carson Funeral Home
(b) Address Independence, Missouri.
19. (a) 7-10-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1944 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Mar 1944 19 July 7 19 44 that I last saw her alive on July 7 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 3 days.
Due to Senility and Arteriosclerosis Psychosis — 3 years
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 107
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Fred W Hink MD (M. D. or other)
Address Fairmount, Mo Date signed 7/8/44

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd E. Carson

Licensed Embalmer No. 2199

P. O. Address Independence

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.