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 SEP 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30408

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3911

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 Luke's Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 41

(c) City or town ~~Rural~~ Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 1½ Miles S. E. of Ridgeway Mo 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country no

3. (a) PRINT FULL NAME Mr. Joseph Polley

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Francis Polley

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 10 (Month) 12 (Day) 1890 (Year)

8. AGE: Years 55 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Harrison Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business " "

FATHER
12. Name Winfield Scott Polley
13. Birthplace Unknown (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Belle Dale
15. Birthplace Harrison Co (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Francis Polley

(b) Address Ridgeway Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 15 (Day) 46 (Year)

(c) Place: burial or cremation Kirkley Chapple Cemetery

18. (a) Signature of funeral director R R Boggess

(b) Address Ridgeway Mo.

19. (a) 9-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 12 year 1946 hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from 22 Aug 1946, to 12 Sept 1946 that I last saw him alive on 12 Sept 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchi Pneumonia	5 days
Due to Bronchogenic Carcinoma	8 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death) 47c	

Major findings:
Of operations

Of autopsy Bronchi Pneumonia
Bronchogenic Carcinoma

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 Asa C Jones Jr. (M. D. ~~or other~~)

Address 9 W 85 St Kansas City Mo Date signed 12 Sept 1946

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 6 1948

DEC 12 1955

NOV 28 1955

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.