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

29243

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30409

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4107

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 716 W 11th 1 (If not in hospital or institution, write street number or location)

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

In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 41

(c) City or town K.C. (If outside city or town limits, write "RURAL") 2

(d) Street No. 716 W 11th (If rural, give location) 8

(e) Citizen of foreign country? Unknown (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME W. J. POLSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years app 74 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant Coroner's Office

(b) Address K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/28/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary Cem KPK

18. (a) Signature of funeral director Sebbelos

(b) Address City

19. (a) 9-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1946 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Uterus sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy no
History + Inspection

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 2

23. Signature [illegible] (M. D. ~~or other~~) Coroner

Address 1424 [illegible] Date signed 9-27-46

(Licensed Embalmer's Statement on Reverse Side)

5' 10"
Grey Hair
" eyes
170 lbs

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 Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address Tacoma

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.