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FILED FEB 13 1947
Registration District No. 141

State File No. _____

Primary Registration District No. 3025

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Haskell
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Haskell
(c) City or town West Plains
(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 Allen Dudley Pollard

3. (b) If veteran, name war V 3. (c) Social Security No. ✓

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

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

7. Birth date of deceased: 2- (Month) 12- (Day) 1946 (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Dr. Pollard

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

14. Maiden name Loche

15. Birthplace Montrose, Colo (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Pollard

(b) Address West Plains, Mo

17. (a) _____ (b) Date thereof: 12-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Montrose, Colo

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Feb 1 - 1947 (b) Beatrice Cook (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1946 hour 7 minute 50 M.

21. I hereby certify that I attended the deceased from 12/22/46 1946 to 12/25/46 1946; that I last saw him alive on 12/24/46 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Broncho Duration to day

Due to _____
Due to _____

Other conditions: Improper food (Include pregnancy within 6 months of death)

Major findings: Of operations _____
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? _____

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Dr. Thayerburgh (M. D. or other) _____
Address West Plains, Mo Date signed 1/26/47

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

RECEIVED

District Health Officer No. 5,
District File No. 24758
Date Filed 2-10-47

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 *Faige A. Robertson*

Licensed Embalmer No. *3435*

P. O. Address *West Plains*

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.