

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **302854**

Registration District No. **15**

Primary Registration District No. **5069**

Registrar's No. **46**

1. PLACE OF DEATH:

(a) County **Barton**
 (b) City or town **Rural- Lamar Twsp.**
(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)
 (d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)
 In this community: **2 years**
(Specify whether years, months or days)

3. (a) PRINT **GEORGE ALFRED POLLARD**
FULL NAME

3. (b) If veteran, name war **WW-I** 3. (c) Social Security No. **523-09-9878**

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

6. (b) Name of husband or wife **Arita Sword** 6. (c) Age of husband or wife if alive **March 10 1900**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	6	27	hr. min.

9. Birthplace **Mano, Barry County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Caretaker Fishing lake**

11. Industry or business

MOTHER FATHER
 12. Name **John Pollard**
 13. Birthplace **Barry County, Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Nancy Smith**
 15. Birthplace **Barry County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. C. White**
 (b) Address **Lamar, Missouri, R#2**

17. (a) **Burial** (b) Date thereof **Oct 10 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**

(b) Address **Lamar, Missouri**

19. (a) **OCT 8 - 1947** (b) **Mare Konantz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
 (c) City or town **Rural-**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Lamar R#2**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **7**
 year **1947** hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Self-inflicted gun shot wound of head**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 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) **Self-inflicted**
 (b) Date of occurrence **Oct - 7 - 1947**
 (c) Where did injury occur? **Barton Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Self at home

While at work? _____ (Specify type of place) (e) Means of injury **Gunshot**

23. Signature **C. E. Duckett** (M. D. or other) **MD**
 Address **Barton Mo** Date signed **Oct 8 - 1947**

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

RECEIVED

District Health Officer No. 6.

District File Number 6042-1111

Date Filed Oct 9 1947

OCT 21 1947

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.....

Frank W. Denton

Registered Apprentice No. 7

working under my personal supervision.

Signed

Carl F. Alonantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.