

FILED NOV 10 1947

State File No. _____

Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 61

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Weston *Weston*
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
 In this community entire life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte *83*
 (c) City or town Weston
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Minnie Hillix Polk
 (b) If veteran, name war XX
 (c) Social Security No. XX

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, Married
 (b) Name of husband or wife William C. Polk
 (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased April 22 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>25</u>	hr. _____ min.

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name William W. Hillix
 13. Birthplace XX Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen R. Whitington
 15. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William C. Polk
 (b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Oct. 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Vaughn Funeral Home
 (b) Address Weston, Missouri

19. (a) 10-19-47 (b) Aphie Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
 year 1947 hour 11 minute 15 a. M.
 21. I hereby certify that I attended the deceased from Sept.
30 1947 to Oct. 12 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis: *Duration*
Chronic myocarditis (Carcinoma 5 yrs
right breast removed 3 yrs ago) 13 yrs
Possibly a recurrence of
carcinoma (abdominal distension 2 mo.
 Due to XXXX

Other conditions Senile dementia *50*
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of breast;
removed 3 yrs. ago.
 Of autopsy None made

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) XXXX
 (b) Date of occurrence XXXX

(c) Where did injury occur? XXXX
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXXXXXX

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

23. Signature Lewis O. Balow (M. D. or other)
 Address Weston Missouri Date signed 10/19/47

MAR 14 1958

EXPIRES OCT 1958

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 W. R. Vaughn

Licensed Embalmer No. 4823

P. O. Address Weston, 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.