

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37964**

FILED NOV 21 1947

Registration District No. 174

Primary Registration District No. 4234

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 da
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron **47**

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

(d) Street No. 2 miles east of Arcadia
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME William Duval Pollock

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1947 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10:30, 1947, to 11:30, 1947
that I last saw him alive on 11-30, 1947
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased Oct. 30, 1947
(Month) (Day) (Year)

Immediate cause of death Congenital Enlargement of Thyroid

Due to _____

Due to _____

Other conditions Angioid structure of myocardium
(Include pregnancy within 3 months of death)

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

0 0 6 hr. _____ min.

Major findings: 64

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation none

11. Industry or business _____

12. Name John Pollock

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

14. Maiden name Zella Russell

15. Birthplace Arcadia Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Pollock

(b) Address Arcadia Mo.

17. (a) burial (b) Date thereof 11-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 17-13-47 Ironton Mo.

19. (a) 11-13-47 (b) Miss Jones
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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) Means of injury 0

23. Signature [Signature] (M. D. or other) MD

Address [Address] Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Death Officer No. 4

1147-1460

Date 11-20-47

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Lucile J. White.....

Licensed Embalmer No. 2012.....

P. O. Address Sancton Ave......

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.