

No. 2
A-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41320

State File No. _____

FILED JAN 2 1947
109

Registrar's No. 44

Registration District No. _____

Primary Registration District No. H180

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Ellen Polsgrove
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 21st,
year 1947 hour _____ minute 8:00 A.M.
21. I hereby certify that I attended the deceased from
March 1st, 1947, to Dec. 21st, 1947
that I last saw her alive on Dec. 21st, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Name of husband or wife George Polsgrove 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20 1874
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 6 days
Due to Coronary Sclerosis ?
Due to Arterial Hypertension ?
Other conditions Thrombosis of Right Popliteal artery (24 hrs.)

8. AGE: Years 74 Months 9 Days 1 If less than one day _____ hr. _____ min.
9. Birthplace Campbell Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy 94A

MOTHER FATHER
11. Industry or business _____
12. Name George Mc Eljea
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name May Jean Winters
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant Bollie Cleaver
(b) Address Campbell, Mo.
17. (c) Burial (b) Date thereof 12-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gravel Hill (Mo.)
18. (a) Signature of funeral director Landon Funeral Home
(b) Address Campbell, Mo.
19. (a) 12/27/47 (b) Mrs. Beulah Campbell
(Date received local registrar) (Registrar's signature)

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 Wallace A Belsey (M. D. or other) MD
Address Campbell Mo. Date signed 12/24/47

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

RECEIVED

District Health Office No. 2

District File Number 1247-1655

Date Filed 12-31-41

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 Christina M. Lawrence

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.