

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1271
Registrar's No. 5

FILED JAN 20 1948

Registration District No. 199

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days
(Specify whether years, months or days)

In this community 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Linn

(c) City or town La Cygne
(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 FRED W. POLLMAN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June 29, 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 3
If less than one day hr. _____ min. _____

9. Birthplace La Cygne Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation retired banker

11. Industry or business _____

12. Name Fredrick W. Pollman

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

14. Maiden name Amelia

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

16. (a) Informant Marian Dunseth

(b) Address 7655 S. Hermitage, Chicago

17. (a) Removal (b) Date thereof 1-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation La Cygne Mo

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 1-2-48 (b) Gertrudine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3
year 48 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12/17/47
11/2/48, 19____ to _____, 19____;

that I last saw him alive on 11/1/48, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration 12/17/47

Due to _____

Due to _____

Other conditions 9/40
(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) _____

(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 J. W. Wagner (M. D. or other) _____

Address 194 S. W. 1st Date signed 1/2/48

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

MOTHER FATHER

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.