

FILED APR 1 1948

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 12

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: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Campbell  
(If outside city or town limits, write "RURAL") 35  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nora E. Pollock

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife L. N. Pollock 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 30 1873  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name unknown Mc Caslin

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

14. Maiden name unknown

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

16. (a) Informant L. N. Pollock

(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof 3-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery, Malden

18. (a) Signature of funeral director L. Anderson Funeral Home

(b) Address Campbell, Missouri

19. (a) 3-26-48 (b) Mrs. Beulah Campbell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1948 hour \_\_\_\_\_ minute 1:15 p. M.

21. I hereby certify that I attended the deceased from March 25<sup>th</sup> 1948 to March 2<sup>nd</sup> 1948 that I last saw her alive on March 2<sup>nd</sup> 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of descending colon Duration 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: Carcinoma of descending colon  
Of operations col.  
Of autopsy H&E

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 0

Signature Wallace A. Selby (M. D. or other) MD

Address Campbell Mo. Date signed 3/5/48

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

25  
1  
0

RECEIVED

District Health Office No. 2,

District File Number 348: 416

Date Filed 3-31-48

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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. Landess*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.**