

FILED JUL 16 1948
Registration District No. **14**

Primary Registration District No. **50-27-1029**
Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Mindenmines, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At 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 **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
(c) City or town **Mindenmines**
(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

Frank Polston

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **Mary Elizabeth Watkins** (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **April 28 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 13 hr. min.

9. Birthplace **Decatur Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **James Kelley Polston**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Kelley**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl Parker**
(b) Address **Mindenmines, Mo.**

17. (a) **Burial** (b) Date thereof **June 15, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lockwood Cemetery**

18. (a) Signature of funeral director **Chiles Funeral Home**

(b) Address **Lamar, Missouri**

19. (a) **June 16, 48** (b) **Edw. L. Co. Hester**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
year **1948** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 6, 1948** to **June 11, 1948**
that I last saw him alive on **July 11, 1948**
and that death occurred on the **6th** and hour stated above.
Immediate cause of death **Cerebral Hemorrhage** Duration _____

Due to _____

Due to _____

Other conditions (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 **Geo. J. P. Bish** (M. D. or other) _____
Address **Frontal Hall** Date signed **6/11/48**

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

MOTHER FATHER

