

FILED SEP 4 1948

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. **3355**

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 1/2 East 25th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Rev. Horace C. Pollard

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Usie Pollard 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 6, 1896
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business _____

12. Name Newton Pollard

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

14. Maiden name Nancy Tulton

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

16. (a) Informant Usie Pollard

(b) Address 2409 1/2 E. 25th St.

17. (a) Burial (b) Date thereof 8/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saltpond, Mo.

18. (a) Signature of funeral director Augustine B. Bow.

(b) Address 1729 Olive Ave.

19. (a) 8-17-48 (b) Stardone Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1948 hour 8 minute 15 AM.

21. I hereby certify that I attended the deceased from Aug 8
1948, to Aug 15, 1948.
that I last saw him alive on Aug 14, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive failure
Due to hypertensive heart disease
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93 d
Of autopsy _____

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 U. S. Wilson (M. D. or other) MD
Address 2204 1/2 E. 8th Date signed 8-17-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.