

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1499

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARTHAGE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MRS GREGORY'S CONV. HOME</u>		d. STREET ADDRESS (If rural, give location) <u>119 N. McGregor St.</u>	
3. NAME OF DECEASED a. (First) <u>ANNA</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>POLLARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 24 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 24, 1871</u>
9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Collin Co. Tex.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. C. T. Pollard</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gregory</u> ADDRESS <u>119 N. McGregor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>infarcted</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 7, 1950</u> , to <u>Jan 24, 1950</u> , that I last saw the deceased alive on <u>Jan 7, 1950</u> , and that death occurred at <u>4:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George H. Wood MD</u>		23b. ADDRESS <u>Carthage Mo</u>	
23c. DATE SIGNED <u>Jan 24 '50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 24-1950</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Clinton</u> ADDRESS <u>ULMER FUNERAL HOME, Carthage, Mo</u>	

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

No. 3000
10. 488

Per. n. fery with (Embalmer's Statement on Reverse Side)

RECEIVED 1-30-50
Jasper County Health Office

County File Number 50-1-52

Date Filed 1-30-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4731

P. O. Address Carthage, 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.