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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40190

State File No. _____

FILED DEC 30 1942

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 286

1. PLACE OF DEATH:

(a) County BOONE

(b) City or town Columbia

(c) Name of hospital or institution: Boone Co. Hospl 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 400 Ripley 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes name country no

3. (a) PRINT FULL NAME WALTER BRUCE POLLARD

(b) If veteran, name war X

(c) Social Security No. 492-09-7911

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th
year 1942 hour 8:20 minute 4 M.

4. Sex Male 0 5. Color or race White

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

(b) Name of husband or wife Mary D Pollard

(c) Age of husband or wife if alive years 1890

7. Birth date of deceased Jan 22nd 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 1, 1941, to Dec 13, 1942, that I last saw him alive on Dec 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

8. AGE: Years Months Days If less than one day

51 10 21 hr. min.

Due to Bilateral Nephritis

9. Birthplace Monroe Co Mo 0
(City, town, or county) (State or foreign country)

Due to Acute Nephritis

10. Usual occupation Carpenter

Other conditions ✓ Vaccinia, fatalis
(Include pregnancy within 3 months of death)

11. Industry or business "

below the waist

12. Name Walter POLLARD

Major findings: Of operations Stone removed from bladder, Nov 4

13. Birthplace Monroe Co Mo 0
(City, town, or county) (State or foreign country)

Of autopsy ✓

14. Maiden name MARY R. Cox

15. Birthplace Lafayette Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Bruce Pollard

(b) Address Columbia

17. (a) Burial (b) Date thereof Dec 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director R. Outcalt

(b) Address Columbia

19. (a) 12-16-1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature H. An. Cline Gray 0 (M. D. or other)

Address 805 Broadway Date signed 12/14/42

(Licensed Embalmer's Statement on Reverse Side)

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

10
29
1942

H.P.

1340

OCT 16 1947

OCT 31 1947

OCT 19 1947

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 *Robert*.....

Licensed Embalmer No. *3183*

P. O. Address *Columbia, M*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40190
Registrar's No. 286

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 ds (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 400 Ripley
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Martin B Pallard

3. (b) If veteran. name war _____

3. (c) Social Security No. 49209-7911

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 22 - 1898
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business Carpenter

12. Name Martin Pallard

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

14. Maiden name Mary R Cox

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 13 Year 1942 Hour 8:30 Minute AM M.

21. I hereby certify that I attended the deceased from _____, 19____; that I first saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Uremia
Duration _____

Bilateral Nephrosclerosis
Due to an automobile accident about 20 years ago
Due to 134a

Other conditions Traumatic paralysis below the waist

Major findings: Stone removed from bladder Nov 1941
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) Auto accident

(b) Date of occurrence 20 years ago

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER
SUPPLEMENTARY

