

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7436
Do not use this space.

1. PLACE OF DEATH
 (a) County Monteau Registration District No. 571
 (b) Township Walder Primary Registration District No. 4339 Registered No. 11
 (c) City California (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lucie Ann Polier
 (a) Residence, No. California mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Polier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 1905

7. AGE YEARS 34 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

FATHER 13. NAME Charles N. Shores
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

MOTHER 15. MAIDEN NAME Effie Dee Baum
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

17. INFORMANT Fred Shores
 (ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 2/22 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Pleasant Freedman
California mo

20. FILED 2-22-40 H.R. Poppey
 Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1940, to Feb 20, 1940
 I last saw him alive on Feb 20, 1940 Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
11W
 Other contributory causes of importance: Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. J. Bowers, D.O. M.D.
California, Mo. (Address)

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California 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, above space should be left blank.