

MAR 19 1941

Registration District No.

702

Primary Registration District No.

541

Registrar's No.

2

1. PLACE OF DEATH:

- (a) County Polk
 (b) City or town Bolivar
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
 (Specify whether

In this community _____
 years, months or days)8. (a) PRINT FULL NAME Louisa Addelene Wollard8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex female 5. Color or
race white 6. (a) Single, widowed, married
divorced married6. (b) Name of husband or wife William James 6. (c) Age of husband or wife if
alive 82 years7. Birth date of deceased August 17 1858
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 5 13 hr. min.9. Birthplace Bolivar Mo
(City, town, or county) (State or foreign country)10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry J. Eaton
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Sarah Yarnagin
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Eva Hughes(b) Address Highway Missouri17. (a) Burial (b) Date thereof Feb 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Barren Creek18. (a) Signature of funeral director Hutchinson & Co(b) Address Bolivar, Missouri19. (a) Feb 2, 1941 (b) L. E. Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 44(c) City or town Bolivar 6
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30th
year 1941 hour 9 minute 25 P. M.21. I hereby certify that I attended the deceased from Jan 15
1941, to Jan 30, 1941.that I last saw him alive on Jan 30, 1941,
and that death occurred on the date and hour stated above.Immediate cause of death Bronchial Pneumonia Duration
1 wkDue to Influenza 2 wks

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?

(Specify type of place)
(e) Means of injury _____23. Signature Doyle Weller (M. D. or other) _____Address Bolivar Mo Date signed 2/6/41

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 *Bert Legan*
Licensed Embalmer No. *3979*
P. O. Address *Bolivar, 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.