

FILED AUG 14 1941 74
Registration District No. 74

Primary Registration District No. 5-638

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Holtzworth Mo.
(c) Name of hospital or institution: Ozark Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Mary Ella Bullard

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Lafayette W. Bullard 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased 9 - 30 - 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Greene Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Nathan Mack Wallis

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

14. Maiden name Margaret E. Loispach

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

16. (a) Informant Harold Bullard
(b) Address Holtzworth Mo.

17. (a) Burial (b) Date thereof Sept 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holtzworth

18. (a) Signature of funeral director Morris - Leiman
(b) Address Miller Mo.

19. (a) Jules (b) Mrs. Anna Wilkerson
(State receiver or local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence?
(c) City or town Ash Grove P.R.#
(If outside city or town limits, write "RURAL")
(d) Street No. L (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 1938, 19 , to July 10th 1941 that I last saw her alive on July 10 1941, 19 , and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Carcinoma of the Liver

Due to Hb7

Other conditions Hb7
(Include pregnancy within 3 months of death)

Major findings: Of operations

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) (b) Means of injury

23. Signature [Signature] (M. D. or other) 2 DO.
Address Republic Mo Date signed 7/14/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

500

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 L. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.