

S. No. 2  
OM-5-42  
ev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27804

AUG 22 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 639

1. PLACE OF DEATH: **Greene**

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Landers Building 3<sup>rd</sup> South on Public Square**  
(If in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)

In this community **8 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

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

(d) Street No. **625 S. Clay** **6**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINTED FULL NAME **Charles Jacob Wollett**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5**, year **1944** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 4**, 19**44**, to **Aug 2**, 19**44**

4. Sex **Male** 5. Color or face **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ida Wollett** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **March 18, 1874**  
(Month) (Day) (Year)

that I last saw h. i. m. alive on **Aug 2**, 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Accelerated heart disease**

Duration

8. AGE: Years **70** Months **4** Days **17** If less than one day hr. **1** min.

Due to **arterio-sclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death) **930**

9. Birthplace **Fowler, Illinois**  
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation

11. Industry or business **Motor Supply**

12. Name **John Wollett**

13. Birthplace **Aub. Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Rexall**

15. Birthplace **Stark Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Wollett**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **8-9-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

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?

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **8-8-44** (b) **B. W. Handley**  
(Date received local registrar) (Registrar's signature)

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

23. Signature **B. Rexall** (M. D. or other)

Address **Springfield Mo** Date signed **8-7-44**

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

39  
2  
6

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**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 *Keith Collier*.....

Licensed Embalmer No. *3632*.....

P. O. Address *Springfield 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.

*X*