

No. 2
1-5-43
5-17-39
I X36671

State File No. _____

FILED MAR 21 1946
Registration District No. _____

Primary Registration District No. 3007 5137 Registrar's No. 90

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural

(c) Name of hospital or institution: Williamsville Rpt 1 Williamsville
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location) 2nd RIVER Twp.

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County BWayne

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emily Frances Sollars

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug, 1945, to March, 1946;
that I last saw her alive on 2-26, 1946;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife James A. Sollars

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 15 1882
(Month) (Day) (Year)

Immediate cause of death Nephritis, Chronic

Duration Unknown

Due to Unknown

Due to _____

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

63 7 21 hr. _____ min.

Other conditions Diabetic Mellitus
(Include pregnancy within 3 months of death)
Arterial Hypertension, Myocarditis

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Wayne Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Geo. Bailey

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

14. Maiden name Parmella Harsberger

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

16. (a) Informant Mrs. Ruby Gifford

(b) Address Williamsville, Mo.

17. (a) Burial (b) Date thereof 3/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaonia

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)

Means of injury _____

23. Signature J. W. Tronda (M. D. XXX)
Address Poplar Bluff, Mo. Date signed _____

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 3-12-46 (b) R. H. Muenster
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Office No. 2
District File Number 346-402
Date Filed 3-18-46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.