

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 13 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 5756

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 6-9 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Savannah mo
(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 Armintha Belle Sollar

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to May 1, 1946;
that I ~~inspected~~ did not see her alive 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 W 2

6. (b) Name of husband or wife WILLIAM SOLLARS

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

7. Birth date of deceased MAY 6 - 1896
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: 49 Years 11 Months 25 Days
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

Major findings:
Of operations _____

Of autopsy ATP

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Isobaa Milbourn

13. Birthplace un known 9
(City, town, or county) (State or foreign country)

14. Maiden name Louise milkins

15. Birthplace un known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wampler

(b) Address Savannah mo

17. (a) B (b) Date thereof 5-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Burt

(b) Address Savannah mo

19. (a) 5-4-46 (b) William Sparks
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Arthur Kelley (M. D. or other) MD

Address Savannah, Mo Date signed 5/3/46

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *E. B. Breit*

Licensed Embalmer No. *2630*

P. O. Address *Savannah 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.