

S. No. 2
M-2-43
5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

16366 ✓

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution:
1413 St. Louis Str. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm. Grant Wollard

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

4. Sex Male 2. 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive Dee years

7. Birth date of deceased Oct 12, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 20 - If less than one day hr. min.

9. Birthplace UNK. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

MOTHER FATHER { 11. Industry or business
12. Name Harry Wollard
13. Birthplace UNK. Mo.
14. Maiden name Louisa Britt
15. Birthplace UNK. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Josie Bevell
(b) Address 1413 St. Louis Str.

17. (a) Burial (b) Date thereof 2-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director W.P. Campbell
(b) Address 867 Washington, Spfld.

19. (a) 5-6-46 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

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. 1413 St. Louis Str. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1946 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1946 to May 2 1946
that I last saw him alive on April 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Enlarged Prostate gland and abscessed
Duration

Due to _____
Due to _____

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

Major findings: Of operations none 1376
Of autopsy no

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) no
(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? no

While at work? no (Specify type of place)
(e) Means of injury _____

23. Signature U. F. Fenn (M. D. or other)
Address 628 S. Howard Date signed May 4

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

MAY 19 1948

MAY 29 1948

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 W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield

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.

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