

5. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35118

State File No. _____

FILED NOV 14 1944

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 68

1. PLACE OF DEATH: **Ray**
 (a) County **Richmond**
 (b) City or town **Richmond**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Ray**
 (c) City or town **Richmond, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Thomson**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **U.S.A.**

3. (a) PRINT FULL NAME **Reed Craven Wollard**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **5**
 year **1944** hour **4** minute **30**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Alice C. Pugh** 6. (c) Age of husband or wife if alive **25** years 1884 (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 14** to **Nov 5**, 1944
 that I last saw **him** in **Richmond** and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke Myocarditis**
 Duration _____

8. AGE: Years **60** Months **1** Days **11** If less than one day _____ hr. _____ min.

Due to _____
 Due to **93d**

9. Birthplace **Ray County Mo.**
(City, town, or county) (State or foreign country)
Constable

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Allen Wollard**
 13. Birthplace **Ray County Mo.**
(City, town, or county) (State or foreign country)
Eudora Young
 14. Maiden name **Ray County MO.**
 15. Birthplace **Ray County MO.**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Von Wollard**
 (b) Address **Richmond, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 7 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
New Hope

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 **J. M. ...**
 (b) Address **Richmond**
 19. (a) **Nov 7 1944** (b) **Thos. ...**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature **E. P. ...** (M. D. or other) **MD**
 Address **Richmond, Mo.**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-13-46

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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 Portland Mervin

Licensed Embalmer No. 3414

P. O. Address Richmond, Va

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.

NOV 25 1946