

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1940

Registration District No. **750**

Primary Registration District No. **4451**

Registrar's No. **11655**

1. PLACE OF DEATH:  
 (a) County **Ripley**  
 (b) City or town **Douglas**  
 (c) Name of hospital or institution: **Williams Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **4 days**  
 In this community **26 yrs, 41 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **Ripley**  
 (c) City or town **Ripley**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME **Callie Ollar 460**  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan** day **28** year **1940** hour **11** minute **30** A. M.

4. Sex **M** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Charles C. Ollar** 6. (c) Age of husband or wife if alive **64** years  
 7. Birth date of deceased **Sept 3, 1880** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 18, 1940** to **January 21, 1940**; that I last saw him **alive** on **January 27, 1940** and that death occurred on the date and hour stated above.

8. AGE: Years **59** Months **4** Days **17** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Myocarditis**  
 Due to **Ruptured appendix**  
 Due to \_\_\_\_\_

9. Birthplace **Bluffton Mo.** (City, town, or county) (State or foreign country)

Other conditions **21**  
 (Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business **farm.**

12. Name **Bratton 1**  
 13. Birthplace **Illinois** (City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Helach**  
 15. Birthplace **Montgomery Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Chas. C. Ollar**  
 (b) Address **Bennett mo.**

17. (a) **Burial** (b) Date thereof **1-21-40** (Month) (Day) (Year)  
 (c) Place: burial or cremation **Bennett, Mo. Cal.**

18. (a) Signature of funeral director **F. E. Johnson**  
 (b) Address **Douglas, Mo.**

19. (a) **Jan 22** (b) **E. B. Johnson** (Date received local registrar) (Registrar's signature)

Major findings: **Ruptured appendix 1-18-40 (operation)**  
 Of autopsy \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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) (e) Means of injury \_\_\_\_\_

23. Signature **J. Williams** (M. D. or other) \_\_\_\_\_  
 Address **Douglas Mo.** Date signed \_\_\_\_\_

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**