

Registration District No. 120

Primary Registration District No. 322

Registrar's No. 83

DEC 11 1940

0222

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Debato
(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 10 years _____ (Specify whether)
years, months or days _____

3. (a) PRINT FULL NAME LULU CAROLINE LOLLAR

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband by whom deceased Robert Lollar 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 15 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business 9

MOTHER FATHER { 12. Name Robert Speake 9

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

14. Maiden name Margaret Fisher

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

16. (a) Informant V. N. Fisher

(b) Address 503 Rollins

17. (a) Burial (b) Date thereof Nov 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Cemetery (Middle Mo.)

18. (a) Signature of funeral director Spinnell

(b) Address Debato Mo.

19. (a) 12-10-40 (b) Jessie Dornell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 503 Rollins St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1940 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from April 1939 to Nov. 26 1940;

that I last saw her alive on Nov. 26 1940; and that death occurred on the date and hour stated above.

Immediate cause of death

Arterio-sclerotic hardening
nephrosclerosis

Due to _____

General arterio-sclerosis

Due to Hypertrophic atherosclerosis

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

Major findings: _____

Of operations _____

Of autopsy _____

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? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 381

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature Dr. V. McHenry (M. D. or other) _____

Address Edgar Blk. De Bato, Mo. Date signed 11/27/40

Duration

years
years

years

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

Francis R. Dietrich, Registered Apprentice No. 258
working under my personal supervision.

Signed: Annell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Depto 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, above space should be left blank.