DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7882

FILED MAR 19 1941

Registration District No. 2 Primary Registration District No. 5621 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Bolivar (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 44

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

(d) Street No. (If rural, give location) 0

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

3. (a) PRINT FULL NAME William James Wollard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louisa Addelene

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased October (Month) 23 (Day) 1858 (Year)

8. AGE: Years 82 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Bolivar (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Billie Wollard
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cordelia Stockman
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eva Hughes

(b) Address Fairplay Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Barren Creek

18. (a) Signature of funeral director Hutcheson & Co

(b) Address Bolivar Missouri

19. (a) Feb. 21 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st year 1941 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from Dec 10, 1940 to Jan 31, 1941; that I last saw him alive on Jan 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute uremia	2 wks
Due to: Cardiovascular renal syndrome	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 a

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Doyle C McCann (M. D. or other)

Address Bolivar Mo Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Bert L. Logan

Licensed Embalmer No. 3979

P. O. Address Bolivar, 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.

No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7882

Registration District No. 702 Primary Registration District No. 5931 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Polk

(b) ~~City or town~~ Madison Twp

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Rural

(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.

3. (a) PRINT FULL NAME Wm James Wollard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Louisa Addelene

6. (c) Age of husband, or wife, if alive (year)

7. Birth date of deceased Oct 23 1838 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Billie Wollard

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

14. Maiden name Cordelia Stockman

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

16. (a) Informant Eva Hughes

(b) Address Fairplay Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Barren Creek

18. (a) Signature of funeral director Hutchison

(b) Address Bolivar Mo

19. (a) 2-21-44 (Date received local registrar) (b) L L Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Uremia — Duration

Due to Cardiac Vascular renal disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dorfe C McCrary (M. D. or other)

Address Bolivar Mo Date signed