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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10872

State File No. _____

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1223 W. Hayward 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 45 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1223 W. Hayward 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Kelley Hennis Follard

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1941 hour 7:30 minute _____ P. M.

3. (b) If veteran, name war No

3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from Mar 1, 1941, to Mar 1, 1941; that I last saw him alive on Mar 1, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

Immediate cause of death: Cardiac decompensation 6 hours

6. (b) Name of husband or wife Hannia Ellen

6. (c) Age of husband or wife if alive 36 years

Due to Branchial asthma 3 days

7. Birth date of deceased: June (Month) 16 (Day) 1881 (Year)

Due to Pulmonary tuberculosis

8. AGE: Years 59 Months 8 Days 15 If less than one day _____ hr. _____ min.

Other conditions: 10 ft
(Include pregnancy within 3 months of death)

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

Major findings: no operation

10. Usual occupation Harper

Of operations: _____

Of autopsy: no autopsy

11. Industry or business Retired

12. Name William Follard

13. Birthplace No record (City, town, or county) Mo. O (State or foreign country)

14. Maiden name Sarah's Nation

15. Birthplace No record (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Alfred C. Follard

(b) Address 3976 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation Salim Cem

18. (a) Signature of funeral director Lois C. Carson

(b) Address Independence, Mo

19. (a) Mar. 3 41 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(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? 360

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature L. H. Miller (M. D. or other) MD

Address Independence, Mo Date signed 3-3-41

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

Dr. Martin

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 Raymond W. Martin

Licensed Embalmer No. 4150

P. O. Address Independence Ave

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.