No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2nd

State File No. 35307

Registration District No. 431 Primary Registration District No. ~~3023~~ 5023 Registrar's No. 135

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg C. I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 409 N. College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 051 2 2
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 409 N. College
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Truster Adams Sollars
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Feb (Month) 10 (Day) 1858 (Year)

8. AGE: Years 83 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Greenfield (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Samuel Sollars
13. Birthplace Greenfield (City, town, or county) Ohio 1 (State or foreign country)
14. Maiden name Nancy Knox
15. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant Lulu Sollars Jones
(b) Address 421 - Broad St - Warrensburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director W. R. Wilcox
(b) Address Warrensburg Mo.
19. (a) Nov-3-1941 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1941 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 8, 1941, to Nov 1, 1941; that I last saw him alive on Nov 1, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Right side
Due to Arteriosclerosis 10 years
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 John A Rouse (M. D. or other) D
Address Warrensburg Date signed 11/3/41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-10-41

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. 3053

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.