

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED NOV 9 1942

Registration District No. 444 176

Primary Registration District No. 6633

Registrar's No. 11942 2 2

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 29 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi ⁶⁷
(c) City or town Charleston ³
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ollie Pillars

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased August 27 1910
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Greenwood Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Will Davis
13. Birthplace Texas 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Davis
15. Birthplace Selma City Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael
(b) Address Mt. Vernon (Mo. St. San.)

17. (a) Removal (b) Date thereof Oct 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston Mo

18. (a) Signature of funeral director George Barr
(b) Address Vernon Mo

19. (a) Oct 29 1942 (b) Andy Rowford
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1942 hour 10:10 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 25, 1942 to Oct 24, 1942
that I last saw her alive on Oct 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration	PHYSICIAN
1	Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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) _____ (c) Means of injury _____
23. Signature [Signature] (If B or other) _____
Address Mt. Vernon Mo Date signed 10/26/42

RECEIVED

District Health Officer No. 6,

District File Number 1142-1538

Date Filed NOV 5 1942

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 Leo B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Vernon M. Co.

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.