

FILED JAN 11 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 182

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:
West 2nd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Alvia
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Savannah
(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.? 1 years.

3. (a) PRINT FULL NAME ALVIA PETTA SOLLARS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 15 1877
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		65	2	25	hr. min.

9. Birthplace West Co. Md
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Jansen A. Brown

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

14. Maiden name Jane Chock

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

16. (a) Informant Mrs Bedford Hysarth

(b) Address 302 W 2nd Manville Mo

17. (a) B (b) Date thereof 12-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director Mrs E. C. B... Mo

(b) Address Savannah Mo

19. (a) 12-10-42 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1942 hour 30 minute PM M.

21. I hereby certify that I attended the deceased from Oct 10
1942 to Dec 10 1942
that I last saw her alive on Dec 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon with metastasis over abd & lungs

Due to _____

Due to H&L

Other conditions (Include pregnancy within 3 months of death)

Major findings: bowel resection for carcinoma of colon

Of operation _____

Of autopsy _____

Duration _____

PHYSICIAN 1940
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. M. Boyles (M. D. or other) _____

Address Manville Mo Date signed 12-10-42

Mr. Cook
507 W 3d

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.....
Ms E. C. Breit....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Ms E. C. Breit*.....
Licensed Embalmer No.....*3068*.....

P. O. Address.....

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.