

No. 2
-5-42
5-17-39
X3227

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11071

State File No. _____

FILED APR 9 1943 274

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
706 W. Cooper
(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 Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 706 W Cooper
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEWIS A LOLLIS

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

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased MAR 40 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Walter P. Lollis
13. Birthplace Sedalia Mo
(City, town, or county) (State or foreign country)

14. Maiden name Frankie Mason
15. Birthplace Woodworth Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Nannah Thornton
(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 3-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. S. Ferguson
(b) Address Sedalia

19. (a) 3/15/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 3/4/43
1943 to 3/10/43 1943
that I last saw him alive on 3/14/43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke with latent 6 1/2 months

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. M. Brinkley (M. D. or other) _____
Address 118 1/2 W Main Date signed 3/15/43

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

File Number -----

Date Filed 4-8-43

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 F D Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.