No. 2
1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22549

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 130

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitz Gibbon Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours (Specify whether years, months or days)
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Alfred Lollis
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race Colored 2
6. (a) Single, married, widowed, divorced Married
6. (b) Name of husband or wife Nettie Lollis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 18 1888 (Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Near Slater, Saline Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
12. Name of father William Woodford Lollis
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name of mother Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Nettie Lollis
(b) Address Slater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo
18. (a) Signature of funeral director C. Grimes & Son
(b) Address Slater Mo
19. (a) 6-29-43 (Date received by local registrar) (b) Mrs F. Wheelbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from I held an quest June 29 1943 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Burn Shock involving in Chest and abdomen — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) No

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) Homicide
(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 Saline Co.

23. Signature C. L. Hughes Coroner (M. D. or other)
Address Marshall Mo Date signed 6-29-43

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-43

JUL 27 1943

MAR 12 1945

JUL 23 1945

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 Jas E Jones

Licensed Embalmer No. 3143

P. O. Address Slater Mo

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.