

FILED FEB 14 1944

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 5010

Registrar's No. 4

1. PLACE OF DEATH:  
(a) County Andrew Rural  
(b) City or town Bolivar Benton Sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community about 22 yrs  
years, months or days)

3. (a) PRINT FULL NAME Lyman Ault  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Lulu Davis Pullin Ault 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased July 3 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 15 hr. \_\_\_\_\_ min.

9. Birthplace Wilcox Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Andrew Ault  
13. Birthplace Chillicothe Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Sallie Graves  
15. Birthplace Chillicothe Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Ault  
(b) Address Bolivar Missouri

17. (a) Burial (b) Date thereof 1-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Bolivar

18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address Manassas Mo

19. (a) 1-20-44 (b) F.A. Fortchuer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Bolivar  
(If outside city or town limits, write "RURAL")  
(d) Street No. 34 S.E. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 18  
year 1944 hour 11 minute A M.  
21. I hereby certify that I attended the deceased from Nov-1- 1943, to death, 1944;  
that I last saw him alive on Jan-18-1944, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Laryngeal Carcinoma  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 55x

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) (e) Means of injury \_\_\_\_\_  
23. Signature W. Logan Wood (M. D. or nurse)  
Address Bolivar, Mo Date signed 1-20-44

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

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

MOTHER FATHER

**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..... *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address..... *Meriville Va*

**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.**