S. No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2899

Registration District No. FILED JAN 25 1944 128

Primary Registration District No. 2000

Registrar's No. 38

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEATH:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1331 Benton (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Richard Arkwright Ollis
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Ollis
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April (Month) 11 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	76	8	30	hr. min.

9. Birthplace Bloomington (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Real estate and insurance
11. Industry or business
FATHER 12. Name John Ollis
FATHER 13. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)
MOTHER 14. Maiden name Elizabeth Watson
MOTHER 15. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Lawrence W. Ollis
(b) Address 1231 Summit, Sfld. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Springfield Mo
19. (a) 1-12-44 (Date received local registrar) (b) Dr. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1944 hour 7:00 minute — P.M.
21. I hereby certify that I attended the deceased from Dec. 27, 1943, to Jan. 10, 1944, that I last saw him alive on Jan. 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration: 40 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): 94a
Major findings:
Of operations
Of autopsy No

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Julian R. Webb (M. D. or other)
Address Springfield Mo Date signed 1/13/44

987 (Licensed Embalmer's Statement on Reverse Side)

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 Roy Osborne

Licensed Embalmer No. 1763

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. X