

FILED FEB 16 1944

Registration District No. .... Primary Registration District No. 4450

Registrar's No. 1939

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution AT HOME  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RIPLEY

(c) City or town DONIPHAN  
(If outside city or town limits, write "RURAL")

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country NO. NATIVE BORN (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HENRIETTA MARIE OLLAR

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HOWARD OLLAR 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 20, 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>5</u>	.....hr. ....min.

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

10. Usual occupation At Home, Housewife

11. Industry or business Housekeeper

MOTHER FATHER

12. Name John T. Edwards

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Rachael Cotham

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Ollar  
(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 12-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church of Bennett Ripley County, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Doniphan, Mo.

19. (a) [Signature] (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month December, day 25, year 1943, hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from November 5, 1943 to December 25, 1943, that I last saw her alive on December 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 12/21

Major findings: Of operations..... Of autopsy.....

Duration

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 [Signature] (M.D. or other) 12-29-43  
Address Doniphan, Mo. Date signed.....

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

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

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.**