

FILED JUN 8 1944 /
Registration District No. 302d

Primary Registration District No. 302d

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Lincoln Ave
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 41
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. Lincoln Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ollie Willard, Jr.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife M. G. Willard 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept., 20-1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 5 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William King
13. Birthplace unk 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Duncan
15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Holmes
(b) Address Alton, Missouri

17. (a) R (b) Date thereof 3-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joliff Cemetery

18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Missouri

19. (a) 5/2-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1944 hour 2 minute 00P M.

21. I hereby certify that I attended the deceased from March 27, 1944, to March 25, 1944, that I last saw her alive on March 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death alcohol pneumonia

Due to _____

Due to _____

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

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? _____

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

23. Signature E. C. Bohrer (M. D. or other) mo
Address West Plains, Mo Date signed 3-28-44

RECEIVED

District Health Officer No. 5,

District File Number 644341

Date Filed 6. 7. 44

NOV 26 1947

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 A. L. Labeul

Licensed Embalmer No. 3437

P. O. Address West Haven, Ct

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.