

FILED AUG 10 1944
324

Registration District No. _____

Primary Registration District No. 3072

Registrar's No. 140

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: Fitzgibbon Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 30 minutes
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 559 N Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ A

3. (a) PRINT FULL NAME ROBERT LEE WOLFORD

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, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July - 20 - 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 30 min.

9. Birthplace Marshall mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Melvan Wolford
FATHER { 13. Birthplace Slater mo
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Lee Evans
15. Birthplace Marion mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Evans
(b) Address Marshall mo

17. (a) Burial (b) Date thereof 7-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall mo

19. (a) 7-20-44 (b) Mrs. T.O. Weathers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8:00 Am
July 20, 1944 to 5:30 Am, 1944
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
5-2 minutes Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 159 PHYSICIAN _____

Of autopsy _____ 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) _____

Address Marshall mo Date signed 7-20

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-9-45

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 ^{not} _____

was not embalmed, Registered Apprentice No. _____

working under my personal supervision.

Signed Harry Steinberger

Licensed Embalmer No. 435-7

P. O. Address Marshall 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.