. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27140

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Oklahoma (b) County 34

(c) City or town Tulsa 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME BONNIE KAY MILLARD

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 Single 0

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

7. Birth date of deceased April 18th 1939
(Month) (Day) (Year)

8. AGE: Years 5- Months 4 Days 0 If less than one day hr. min.

9. Birthplace Lamar, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Ward Millard
13. Birthplace Webb City, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alta Fae Brasher
15. Birthplace Jerico Springs, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ward Millard
(b) Address Tulsa, Okla.

17. (a) Burial (b) Date thereof Aug 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) 8/27/44 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th
year 1944 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Instantly~~ accidentally killed when struck by a passenger
Due to Car driven by Richard Lee of Lamar, Mo.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

170c-8
21

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: 006

(a) Accident, ~~suicide~~, or ~~homicide~~ (specify) Acc - P.M.

(b) Date of occurrence aug. 18 - 44 2:45

(c) Where did injury occur? Hwy 60 - Lamar Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? MD (e) Means of injury Ped -

23. Signature Raymond River (M.D. or other) Coroner
Address Lamar Mo Date signed 8/19/44

1119

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 844-972
Date Filed AUG 29 1944

AUG 31 1944

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 Earl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.