

FILED OCT 11 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5017

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town near SAVANNAH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
nodaway Township  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town near SAVANNAH RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. nodaway Township  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1944 hour 4 minute 7 A. M.

21. I hereby certify that I attended the deceased from  
Sept 9 1944 to Sept 14 1944  
that I last saw him alive on Sept 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary sclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations 94a  
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 V. R. Wilson (M. D. or other)  
Address Rosendale mo Date signed 9-15-44

3. (a) PRINT FULL NAME EUGENE LOLLAR  
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 2 W  
6. (b) Name of husband or wife FANNIE MANN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Sept 10 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perrin Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William H. Lollar  
13. Birthplace No Record Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia HARVEY  
15. Birthplace No Record Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence E. Lollar  
(b) Address Savannah, mo.

17. (a) B (b) Date thereof 9-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation mo.

18. (a) Signature of funeral director E. C. Breit  
(b) Address Savannah mo

19. (a) 9-17-44 (b) J. H. Intschman  
(Date received local registrar) (Registrar's signature)

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

200

1012

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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 E. B. Kreit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**