

FILED AUG 3 1948
Registration District No. **98**

Primary Registration District No. **5362**

Registrar's No. **68**

1. PLACE OF DEATH:
(a) County **Daviess**
(b) City or town **"Rural" Jamesport Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Mile East Jamesport, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Several Years** years, months or days)

3: (a) PRINT FULL NAME **Lulu Mae Lollar**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 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 16 1930**
(Month) (Day) (Year)

8. AGE: Years **18** Months **0** Days **10** If less than one day hr. _____ min.

9. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER { 12. Name **Willard H. Lollar**

13. Birthplace **Clinton County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Bessie A. Walker**

15. Birthplace **DeKalb County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willard H. Lollar**

(b) Address **Jamesport, Missouri**

17. (a) **Burial** (b) Date thereof **7-28-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osborn, Missouri**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Missouri**

19. (a) **29 July 1948** (b) **Regina M. Conner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Daviess**
(c) City or town **"Rural" Jamesport Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 Mile East Jamesport, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1948** hour **2** minute **25** A. M.
21. I hereby certify that I attended the deceased from **1945**
to **July 26 1948**
that I last saw her alive on **July 26 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Bronchiectasis** Duration **10 yrs.**
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **10/6 D**
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? **()**

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **M. D. Powell** (M. D. or other) **7/28/48**
Address **Chillicothe, Mo.** Date signed

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

L. O. Richerson
.....
Licensed Embalmer No. 330, 2

P. O. Address.....
Hallatin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.