

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26400

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 4108		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY CEDAR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CEDAR			
b. CITY (If outside corporate limits, write RURAL and give township) STOCKTON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) STOCKTON		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. OAK ST.				d. STREET ADDRESS (If rural, give location) E. OAK ST.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANKIE MARGARET		b. (Middle) WOLLARD		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) AUG. 10, 1949	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 17, 1899	
9. AGE (In years last birthday) 49		10. MONTHS 9		11. BIRTHPLACE (State or foreign country) DADE COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME JOHN F. BRYANT		13b. MOTHER'S MAIDEN NAME MAGGIE HUGHES	
13c. NAME OF HUSBAND OR WIFE JESS WOLLARD		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE OR NAME JESS WOLLARD, STOCKTON, MO	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by Hanging		II. OTHER SIGNIFICANT CONDITIONS		III. ANTECEDENT CAUSES		E974X	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide by hanging		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Stockton Cedar Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. Quinn, Coroner		23b. ADDRESS Eldorado Springs, Missouri		23c. DATE SIGNED 8/10/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-12-1949		24c. NAME OF CEMETERY OR CREMATORY STOCKTON		24d. LOCATION (City, town, or county) (State) STOCKTON, MO	
DATE REC'D BY LOCAL REG. 8-27-1949		REGISTRAR'S SIGNATURE Geneva Garrison		54		25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon	
ADDRESS		STOCKTON, MO					

RECEIVED

District Health Officer No. 71

District File Number 7-49-1045

Date Filed 8-31-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address *Stackton, 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.