

REC'D DEC 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38198

Do not use this space.

4432

Registered No.

## 1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399  
(b) Township Kaw 1 Primary Registration District No. 1002  
(c) City K. C. Mo. (d) Street No. 715 West 13th. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

453 Ella Holland  
(a) Residence, No. 715 West 13th. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
26 3 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) Jan. 1937 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) Hays  
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Addison Mayden

14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Libby Jewell

16. BIRTHPLACE (CITY OR TOWN) Hays  
(STATE OR COUNTRY) Kansas

17. INFORMANT James Holland  
(ADDRESS) 715 West 13 St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Hill, K. C. K. DATE 11/14/38 19.

19. FUNERAL DIRECTOR (NAME) Geo. H. Long  
(ADDRESS) 10 and Barnett, Kansas City, Ks.

20. FILED Nov 14 1938 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12-38

22. HEREBY CERTIFY that I attended deceased from 12:30 19... Death is said to have occurred on the date stated above, at 6:10.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of the cervix  
E. pelvic - sigmoid fistula  
Date of onset

Other contributory causes of importance: 48

Name of operation Date of 48  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury

Where did injury occur?  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify 4  
(Signed) Geo. H. Long M. D.  
(Address) 10 and Barnett, Kansas City, Mo.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**