

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

9979
Do not use this space.

1. PLACE OF DEATH ^(Form Add 10 1939) *Clinton 2*
 (a) County *Clinton 2* Registration District No. *61*
 (b) Township *Alexander 1* Primary Registration District No. *5098* Registered No. *144*
 (c) City *Fairfield Mo* (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
45 *Frank Holland*

2. PRINT FULL NAME _____
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <i>m</i>	4. COLOR OR RACE <i>wh</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 29, 1880</i>				
7. AGE	YEARS <i>59</i>	MONTHS <i>-</i>	DAYS <i>22</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____			
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>Farmer</i>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>				
FATHER	13. NAME <i>Jos Holland</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>			
MOTHER	15. MAIDEN NAME <i>Cordeia Curtis</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
17. INFORMANT <i>Ada Holland</i> (ADDRESS) <i>Fairfield Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Shiloh</i> DATE <i>3/23 39</i>				
19. FUNERAL DIRECTOR (NAME) <i>J. H. Rogue</i> (ADDRESS) <i>Warsaw Mo</i>				
20. FILED <i>3/22 1939</i> <i>Jos H. Rogue</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Mar 21, 1939</i>	
I HEREBY CERTIFY, That I attended deceased from <i>Feb 25, 1939</i> to <i>Mar 21, 1939</i>	
I last saw him alive on <i>Mar 21, 1939</i> Death is said to have occurred on the date stated above, at <i>10:00</i> a.m.	
The principal cause of death and related causes of importance were as follows: <i>Chronic Interstitial Nephritis</i> Date of onset <i>don't know</i>	
Other contributory causes of importance: <i>Edema</i>	
Name of operation <i>none</i> Date of _____	
What test confirmed diagnosis <i>Laboratory</i> Was there an autopsy? <i>no</i>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ 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? <i>no</i> If so, specify _____ (Signed) <i>James J. Logan</i> M. D. (Address) <i>Warsaw Mo</i>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

1939

RECEIVED
District Health Officer No. 7,
District File Number 7-39-489
Date Filed 4-11-39

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,

J.R. Luckey

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J.R. Luckey

Licensed Embalmer No. 2982

P.O. Address

Wheatland, Mich.

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.