REC'D MAY 10 1939

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

Do not use this space. 15565

1. PLACE OF DEATH

(a) County Monroe — Registration District No. 581

(b) Township — Primary Registration District No. 4343 — Registered No. 7

(c) City Monroe City — (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.

2. PRINT FULL NAME 452 DENNIS LYNN HOLLINGSWORTH

(a) Residence, No. Paris, Mo. St. — Paris, Mo.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MABLE HOLLINGSWORTH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 23, 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARM MACHINERY SALESMAN

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) APR. 1939 — 11. Total time (years) spent in this occupation ONE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co., IOWA.

FATHER

13. NAME WM. H. HOLINGSWORTH.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALEXANDER, MO.

MOTHER

15. MAIDEN NAME MAUDE WHITE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SHERIDAN MO.

17. INFORMANT (ADDRESS) MRS. DENNIS HOLLINGSWORTH PARIS, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE PARIS, MO DATE April 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLAKEY PARIS, MO

20. FILED Apr. 22, 1939. W. D. Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

Head & body Injuries received in auto mobile accident on State Highway 36 and 24, six miles East of Monroe City Mo. Ralls Co. — Date of onset April 22 39

Other contributory causes of importance: unavoidable automobile accident,

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury April 22 1939

Where did injury occur? Highway 36 & 24. 6 mi. E. Ralls Co (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? No

If so, specify ...

(Signed) Russell M. Wilson Coroner

(Address) Monroe City Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

210 M
9

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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

15-3-65

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe — Registration District No. 581

(b) Township — Primary Registration District No. 4343 — Registered No.

(c) City Monroe City — (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.

2. PRINT FULL NAME Dennis Lynn Hollingsworth

(a) Residence, No. 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

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

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	6	30	

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.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Head and body injuries received in automobile wreck due to lost control of car and going into ditch turning over 3 times at fast speed	Apr 22 39

Other contributory causes of importance: Unavoidable auto accident Non Collision

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide ACCIDENT Date of injury 19

Where did injury occur? State Highway 36 east of Monroe City (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? No

If so, specify

(Signed) Russell M. Wilson Coroner

(Address) Monroe City Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW