

WESB JUL 14 1939

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

21432
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Saltriver Primary Registration District No. 3002
 (c) City Mexico Mo (d) Street No. 1314 E Promenade Registered No. 84
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mildred Ruth Hollon

(a) Residence, No. 1314 E. Promenade 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
31 11 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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 1

12. BIRTHPLACE (CITY OR TOWN) Burlington, (STATE OR COUNTRY) Iowa

13. NAME Joseph W. Hollon

14. BIRTHPLACE (CITY OR TOWN) Sullivan County, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Kathryne Bail

16. BIRTHPLACE (CITY OR TOWN) Milan, (STATE OR COUNTRY) Mo.

17. INFORMANT Joseph W. Hollon (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo. Edenwood Cemetery, DATE June 6, 1939

19. FUNERAL DIRECTOR H.A. Precht & Son (ADDRESS) Mexico, Mo.

20. FILED June 5, 1939 Blanche Reely Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from May 27 1939, to June 4 1939. I last saw her alive on June 4 1939. Death is said to have occurred on the date stated above, at 12:20 PM.
 The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
Pulmonary adenoma. Date of onset

Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis Phop Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify None
 (Signed) Blanche Reely, M. D.

(Address) Mexico Mo

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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RECEIVED

District Health Officer No. 10

District File Number 7-39-1205

Date Filed JUL 10 1939

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

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

Signed Earl E. Precht

Mexico, Mo.

Licensed Embalmer No. 3189

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.)