DEPARTMENT OF COMMERCE
BUREAU OF THE [redacted] NOV 28 [redacted]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36840

Registration District No. 651 Primary Registration District No. 5862 Registrar's No. 111

1. PLACE OF DEATH:

(a) County Pemiscot Little

(b) City or town Caruthersville R#1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MALLIE HOLLAND 463

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife wife J. D. Holland

6. (c) Age of husband or ~~wife~~ if alive 64 years

7. Birth date of deceased Jan (Month) 1 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	10	5	hr. min.

9. Birthplace Decator County, Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Robert Montgomery
13. Birthplace Decator County Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Walker
15. Birthplace Decator County, Tenn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Holland

(b) Address Caruthersville, Mo

17. (a) Cremal (Burial, cremation, or removal) (b) Date thereof 11-7-39 (Month) (Day) (Year)

(c) Place: burial or cremation Wiley Cemetery Decatur Tenn

18. (a) Signature of funeral director R. M. Payne

(b) Address Portageville Mo

19. (a) Nov. 7, 1939 (Date received local registrar) (b) Ada Martin 5 [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1939 hour 12 minute 40 P M.

21. I hereby certify that I attended the deceased from 11-6-, 1939, to 11-6-, 1939 that I last saw her alive on 11-6-, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 hr.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. J. Aquino (M. D. ~~or other~~)

Address Caruthersville, Mo. Date signed 11-6-39

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 1 2

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 Molly Holland, Registered Apprentice No. ..... working under my personal supervision.

Signed G. E. Doellefeld

Licensed Embalmer No. 970 N.Y.

P. O. Address Capt Grandview

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

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