

MAILED 18 1939

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

40462
Do not use this space.

1. PLACE OF DEATH
(a) County Pennscoot Registration District No. 651
(b) Township Little Prairie Primary Registration District No. 1-863
(c) 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Mollie Holland
(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 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 J. A. Holland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1888
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 10 5-
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. Home
10. Date deceased last worked at this occupation (month and year) Nov. 1939 11. Total time (years) spent in this occupation. Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co., Tenn.
13. NAME Robert Montgomery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co., Tenn.
15. MAIDEN NAME Martha Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co., Tenn.
17. INFORMANT (ADDRESS) J. A. Holland, Lanthierville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Decaturville, Tenn. DATE Nov. 7, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. M. Payne, Portageville, Mo.
20. FILED Nov. 7, 1939 Ada Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1939, to Nov. 6, 1939
I last saw her alive on Nov. 6, 1939. Death is said to have occurred on the date stated above, at 12:40 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 1/21/39
Other contributory causes of importance: J. W.
Name of operation _____ Date of _____
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 _____, 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? _____
If so, specify _____ (Signed) P. J. Aguirre, M. D.
585 (Address) Lanthierville, Mo.

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.

RECEIVED
District Health Officer, No. 3,
District File Number 1239-71
Date Filed 12/9/39

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, 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.