

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

42833
Do not use this space.

1. PLACE OF DEATH
 (a) County BUCHANAN 2 Registration District No. 85
 (b) Township or City ST. JOSEPH 1 Primary Registration District No. 1001 Registered No. 1311
 (c) City ST. JOSEPH 1 (d) Street No. 2330 SOUTH 11 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. da.

2. PRINT FULL NAME Mrs. JESSIE - HOLLAND
 (a) Residence, No. 2330 SOUTH 11 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) Wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.R. Holland
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1958
 7. AGE YEARS 81 MONTHS 7 DAYS 0 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) 7-9-31 11. Total time (years) spent in this occupation 400
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co MO
 FATHER 13. NAME Mary Beaton 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss MO
 MOTHER 15. MAIDEN NAME Mary Beaton 0
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss MO
 17. INFORMANT (ADDRESS) Harley Holland St Joseph MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE #6 Cemetery DATE Dec - 21 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roy Plummer St Joseph MO
 20. FILED Dec 20 1939 A.J. Nestelma Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 19 - 1939 to Dec 19 1939
 I last saw her alive on Dec 19 1939 Death is said to have occurred on the date stated above, at 7:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
93C
 Other contributory causes of importance:
General arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? no
 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? no
 If so, specify _____ (Signed) S.E. Meloney M.D.
 (Address) 401 Ballinger Bldg. St Joseph 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.

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.....

John H. Hurley

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *40500*

P. O. Address *2335 St Joseph Rd*

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.