DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44885

Registration District No. 859 Primary Registration District No. 6130 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Rural - Oliver Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney
(c) City or town Hollister - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME IVA LENA HOLLIDAY 430

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Sam Holliday
6. (c) Age of husband or ~~wife~~ if alive 45 years
7. Birth date of deceased July (Month) 21 (Day) 1901 (Year)

8. AGE: Years 38 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Taney County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Eli Foster Keltner
13. Birthplace Ozark Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name Ollie Wade
15. Birthplace Stone Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Sam Holliday
(b) Address Hollister Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Gobler's Knob Cemetery
18. (a) Signature of funeral director Whitehead Fun Home
(b) Address Branson Mo
19. (a) 12/9/1939 (Date received by local registrar) (b) John A Baxter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1939 hour 4 minute 100 P. M.
21. I hereby certify that I attended the deceased from Dec. 8, 1939, to Dec. 8, 1939; that I last saw her alive on Dec. 8, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Maemia	1 wk.
Due to Child Birth	1 hour
Due to	
Other conditions (Include pregnancy within 3 months of death) 146	

Major findings:
Of operations none
Of autopsy none.

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 Harry T. Evans (M. D. or other) M.D.
Address Branson Mo. Date signed 12/8/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 6-17-39 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 140-18
Date Filed JAN 4 1940

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.