

FILED MAR 12 1940

Registration District No. **378**

Primary Registration District No. **2001**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dreux
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
513 E. Murrel High Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years 2
(Specify whether
In this community 85 years
years, months or days)

3. (a) PRINT FULL NAME NANCY JOANNA HOLLAND **43**

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 Widow
6. (b) Name of husband or wife John W. Holland 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 24 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Christian County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER: { 12. Name No Record 9
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Mark 9
(b) Address 617 S. Market

17. (a) Burial (b) Date thereof Feb. 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Phed C. Thomas
(b) Address Springfield Mo 290

19. (a) 2/12/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dreux
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 617 S. Market
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1940 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Feb 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Senility
myocarditis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. Medwhite (M. D. or other) MD
Address Corner Linn County Date signed 2/12/40

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.....

self
....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. H. Thomas*
.....

Licensed Embalmer No. *3687*
.....

P. O. Address *Springfield, Mo*
.....

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.

X