

Registration District No. 2846

Primary Registration District No. 6283 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Husley, Mo.
(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) 2
(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 Stone
(c) City or town Husley, Mo.
(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.

8. (a) PRINT FULL NAME Mancy Jane McHolland

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 widowed

6. (b) Name of husband or wife O.S. McHolland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 24 - 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Ark. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business
MOTHER FATHER { 12. Name John M. Brown
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Lewina Goldman
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Robert McHolland
(b) Address Husley, Missouri

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

(c) Place: burial or cremation Masonic Cem. at Crane, Mo.

18. (a) Signature of funeral director T.M. Maples
(b) Address Clever, Mo.

19. (a) Feb. 12 - 1940 (b) H.A. Dunham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1940 hour 50 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 1939 to February 9, 1940
that I last saw her alive on February 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage - 10 H.
Due to Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) ✓

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underlines 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 A.P. [unclear] M.D. (M. D. or other) ✓
Address Clever, Mo. Date signed 2-10-40

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

04

RECEIVED

District Health Officer No. 0,

District File Number 340-861

Date Filed MAR 14 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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Cleaver, 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.