

**MAY 15 1940** 796  
Registration District No.

Primary Registration District No. **3038**

Registrar's No. **61**

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

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Fitzgibbons Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 1/2 Days  
(Specify whether years, months or days) 11-0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Sweet Springs, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD # 30  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME HULDA HOLLRAH  
8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife  Gus Hollrah 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Jan 16, 1874  
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 22 If less than one day hr. min. 0

9. Birthplace Sweet Springs Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business ✓

MOTHER FATHER { 12. Name Louis Dierker 0  
18. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Dorothea Mindrup  
15. Birthplace Auguste Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Fitzgibbons Hospital  
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof April 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director T. S. James

(b) Address Concordia Mo.

19. (a) 4-9-40 (b) Mary Kent  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1940 hour 4 minute 15 AM

21. I hereby certify that I attended the deceased from April 3, 1940, to April 5, 1940;  
that I last saw her alive on April 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Hypertension

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) JLD

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 7/2  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Lesburn Ellis (M. D. or other) 1  
Address Sweet Springs, Mo Date signed 4-9-40

PHYSICIAN  
Underline the cause to which death should be charged statistically.

DEC 12 1958  
DEC 29 1955

RECEIVED  
District Health Officer No. 8,  
District File Number 5-14-42  
Date Filed

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.....

*Mr*

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

working under my personal supervision.

Signed

*E. S. James*

Licensed Embalmer No. *200-8*

P. O. Address *Concordia, N.*

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.