

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 416

Primary Registration District No. 5571B

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural - Sarcove Twp.
(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 _____
In this community most of life (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME CHARLES EVERETT HOLLAND

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elia May 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Jasper Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Holland

13. Birthplace Tennessee
(City, town, county) (State or foreign country)

14. Maiden name Mary Dunbar

15. Birthplace Jasper Co Mo.
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Elia May Holland

(b) Address R1 Sarcove Mo.

17. (a) Burial (b) Date thereof May 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Annie Martindale

(b) Address Carthage Mo.

19. (a) May 27 1940 (b) Mad Laine Broadway
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Sarcovie - 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1940 hour 9 minute 45 a. M.

21. I hereby certify that I attended the deceased from May 24, 1940, to May 24, 1940
that I last saw him alive on May 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

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

23. Signature Leroy Simmons (M. D. or other) _____

Address Sarcovie Mo. Date signed May 27

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39

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

Signed J. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage 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.