

REC'D JUL 15 1940

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

23107
Do not use this space.

1. PLACE OF DEATH
 (a) County Worth Registration District No. 904
 (b) Township W. Union Primary Registration District No. 4346
 (c) City Shelidan (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME
453 Bernice Holland
 (a) Residence, No. Shelidan St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Woman **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. H. J. Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1900

7. AGE YEARS MONTHS DAYS **IF LESS THAN 1 day,** hrs. or min.
40 1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Aug. 1, 1939 **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blanton Iowa

FATHER
13. NAME O. W. Hochworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Nora Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Horton F. Holland Shelidan Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Blanton Ia DATE April 3, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Andrews Grant City Missouri

20. FILED Mar. - 3 - 1940 Mrs. O. H. Bond Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 1 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1940, to 3 - 1 - 1940
 I last saw her alive on 3 - 2 - 1940. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Infarction of right lung
108'
 Date of onset Jan. 40

Other contributory causes of importance:
Emphysema (lobar)

Name of operation resection of ribs Date of Jan. 40
 What test confirmed diagnosis? Empyema Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 1940
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) O. H. Bond, M. D.
 (Address) Blanton Ia

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 importa.

RECEIVED

District Health Officer No. 1113

District File Number

Date Filed

740-1004
JUL 3 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.....

John Andrews

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

working under my personal supervision.

Signed.....

John Andrews

Licensed Embalmer No. 3851

P. O. Address Grant City

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.