

JAN 8 1941
Registration District No. 426

Primary Registration District No. 5581

Registrar's No. _____

51

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural 5th Dist. Mo.
(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 all her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town 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.

3. (a) PRINT FULL NAME Anna Holland

3. (b) If veteran, name was no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 15 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Levi Evans

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

14. Maiden name Mary Linton
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Earl B. Cook

(b) Address Chilhowee, Mo

17. (a) C. Burial (b) Date thereof 12-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee Cem

18. (a) Signature of funeral director O. L. Cook
(b) Address Chilhowee, Mo

19. (a) 12-7-1940 (b) O. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1940 hour 7 minute 20. A

21. I hereby certify that I attended the deceased from Dec 3rd
to Dec 5, 1940, to _____, 19____
that I last saw him alive on on Dec 3rd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death a severe cold Duration _____
from chest ailment caused
by Cardiac Asthma 7 days

Due to _____

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO
(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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature John T. Underwood (M. D. or other) _____

Address Warrensburg, Mo Date signed Dec 6 1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed - 1-3-41

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.....
O.L. Cook

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

working under my personal supervision.

Signed..... *O.L. Cook*

Licensed Embalmer No. 2708

P. O. Address Chilhowee, 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.