DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1941

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3593

Primary Registration District No. 4363

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sales-Bowman (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether

In this community 22 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Jane (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 Earl Leo Holland

3. (b) If veteran, name war ----

3. (c) Social Security No. 493-14-3542

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 19 (Day) 1918 (Year)

8. AGE: Years 22 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Filling Station

11. Industry or business

FATHER
12. Name Ed Holland
13. Birthplace (City, town, or county) Nebraska (State or foreign country)

MOTHER
14. Maiden name Sarah Sears
15. Birthplace Jane (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Ed Holland

(b) Address Jane Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Jane Missouri

18. (a) Signature of funeral director Wm. Morris Pogue

(b) Address Wheelers Mo

19. (a) 1-23-41 (Date received local registrar) (b) Onal R. Sales M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th year 1941 hour 10 minute 45 A M.

21. I hereby certify that I attended the deceased from January 5, 1941, to January 6, 1941 that I last saw him alive on January 6, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia - bronchial	
Due to Following influenza	
Due to	
Other conditions Myocardial insufficiency (Include pregnancy within 3 months of death) Due to rheumatic fever	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline 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? (Specify type of place)

While at work (e) Means of injury

23. Signature Melvin C. Bowman (M. D. or other)

Address Neosho, Mo Date signed Jan 22-41

(Licensed Embalmer's Statement on Reverse Side)

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.

District
District File Number 241-304
Date Filed 13 1941

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 Wm Morris Pope, Registered Apprentice No. ..... working under my personal supervision.

Signed Wm Morris Pope

Licensed Embalmer No. 344

P. O. Address Wheaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.