

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 16

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 yr years, months or days

3. (a) PRINT FULL NAME MARY IDA HOLLAND

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sidney Holland 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec - 15 - 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Robt Sinclair
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Jackson
15. Birthplace Cambridge Mo (City, town, or county) (State or foreign country)

16. (a) Informant Sidney Holland
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 1-19-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem. Marshall Mo

18. (a) Signature of funeral director Harry Hershey

(b) Address Marshall Mo

19. (a) 1-18-41 (b) Mary Kent (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 527 N Lyon (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 8:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 16 to Jan 17, 1941 that I last saw her alive on Jan 17, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

Other conditions goin (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? Yes

(e) Means of injury _____ (Specify type of place)

(f) While at work _____ (g) Means of injury _____

23. Signature Mary Kent (M. D. or other) _____

Address Marshall Mo Date signed 1/18/41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-12-41

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

Signed Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address Marshall, 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.