

MAR 17 1941
Registration District No. _____

Primary Registration District No. 5404 - 4170 Registrar's No. _____

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

1. PLACE OF DEATH: Drunklin
 (a) County _____
 (b) City or town Halcomb Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether)
 In this community Yes
 years, months or days _____

3. (a) PRINT FULL NAME JOHN HOLLINGSHAD

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 15 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Mo. 11
 (City, town, or county) (State or foreign country)

10. Usual occupation merch

11. Industry or business _____

12. Name J. C. Hollingshad

13. Birthplace MO. 11
 (City, town, or county) (State or foreign country)

14. Maiden name Stendal Huff

15. Birthplace MO. 11
 (City, town, or county) (State or foreign country)

16. (a) Informant J. C. Hollingshad
 (b) Address Halcomb Mo.

17. (a) Interment (b) Date thereof 1-12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Interment
 18. (a) Signature of funeral director Family
 (b) Address Halcomb Mo.

19. (a) 3-10-41 (b) J. A. Anderson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Drunklin
 (c) City or town Halcomb Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
 year 1941 hour 1 AM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 22 1940 to Jan 11 1941
 and that I last saw him alive on January 10 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 wks

Due to Pertussis 6 wks

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

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

23. Signature John D. Van Cleave (M. D. or other) 0
 Address Halcomb Mo Date signed 1/11/41

RECEIVED

District Health Officer No. 2,

District File Number 341-381

Date Filed 3/13/47

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.