

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15383

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Ozark
 (b) City or town Rural - Bayou
 (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 18 years (Specify whether
 In this community 18 years years, months or days)

3. (a) PRINT FULL NAME France A. Holland

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Angeline Holland 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Aug 6 1856 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 13 If less than one day
 .hr. .min.

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

10. Usual occupation Farmer

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Russell (City, town, or county) (State or foreign country)

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

16. (a) Informant Russell Holland

- (b) Address U. S. 1, MO

17. (a) Burial (b) Date thereof 3/24/41 (Month) (Day) (Year)

- (c) Place: burial or cremation Battest Hill

18. (a) Signature of funeral director O. B. M. Elue

- (b) Address —

19. (a) — (b) — (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Ozark
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. — (If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
 year 1941 hour — minute — M.

21. I hereby certify that I attended the deceased from Mar 15, 1941, to Mar 18, 1941,
 that I last saw him alive on Mar 18, 1941,
 and that death occurred on the date and hour stated above.

- Immediate cause of death: Intermittent nephritis Duration 1 yr

- Due to —

- Due to —

- Other conditions 12/12
 (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?

- While at work? (Specify type of place) (e) Means of injury —

23. Signature C. A. Beach (M: D. or other) —

- Address Elyah Ind Date signed 4-7

580

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6.
District File Number 541-686
Date Filed May 2 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.....

....., 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15383

Registration District No. 647

Primary Registration District No. 2827

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Ozark
(b) City or town Barton
(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 _____ years, months or days)

3. (a) PRINT FULL NAME France A. Holland

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased. (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 85 Months 8 Days 17 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-23-41 (b) C. A. Beach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL") _____

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country _____ (Yes or No) _____

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 23 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

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? _____

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

23. Signature C. A. Beach (M. D. or other) _____

Address Elizabethton Date signed 9-23

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

SUPPLEMENTARY

1941

S-15383