

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(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 40 days
In this community 40 days
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Ella Hollins

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

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

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

7. Birth date of deceased April 20 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Hollins
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Leona Lawson
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Forest Maberry
(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof May 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director L. A. Husman
(b) Address Odessa, Mo.

19. (a) 5/30/41 (b) Mrs. E. M. Woodson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 18 1941 to May 23 1941
that I last saw him alive and that death occurred on the date and hour stated above.

Immediate cause of death Dropsy

Due to Chronic Effusions (Interstital)

Due to Cardiac Disease

Other conditions (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? _____

23. Signature L. A. Husman (M. D. or other) _____
Address Odessa, Mo. Date signed 5/28/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number 6-7-41
Date Filed _____

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 Joseph L. Husman
Licensed Embalmer No. 7541
P. O. Address Osborn, Wis

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.