

FILED JUL 11 1941

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 99

1. PLACE OF DEATH:

(a) County St. Francois Co.  
 (b) City or town Near Farmington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hospital No. 42  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 yr. 5 mo. 24 d  
 (Specify whether  
 In this community  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
 (c) City or town Caruthersville, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country .....

3. (a) PRINT

FULL NAME John Hollingsworth

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

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

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

7. Birth date of deceased Jan. 8th 1900  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>4</u>	<u>5</u>	<u>12</u>
				hr. .... min.

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

10. Usual occupation laborer

11. Industry or business .....

MOTHER FATHER {  
 12. Name John L. Hollingsworth  
 13. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Dealy Barnes  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hosp. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 6-21-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery of State Hosp. #4

18. (a) Signature of funeral director Richardson Funeral Home  
Farmington, Mo.

(b) Address Farmington, Mo.

19. (a) June 20 41 (b) T. J. Raburon  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20  
 year 1941 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-28 1940, to 6-20 1941;  
 that I last saw him alive on 6-19 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to 12/18

Other conditions Catatonie schizophrenia  
 (Include pregnancy within 3 months of death) 1 1/2 yrs

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?  
6-20-41 (Specify type of place) (a) Means of injury .....

23. Signature Paul Schradt (M. D. or other) MD.

Address Farmington, Mo. Date signed 6-20-41

Duration 6 months  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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



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**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..... **Not embalmed**

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.**