S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25787

Registration District No. 656 Primary Registration District No. 6281 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Holland Pemiscot — Holland

(b) City or town Holland, (Rural) ~~Virginia~~ Township. 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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(b) County Pemiscot 78

(c) City or town Holland, (Rural) (If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Vicie Vires

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 18 (Day) 1941 (Year)

8. AGE: Years 0 0 Months 0 Days 0 If less than one day hr. 30 min.

9. Birthplace Holland (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Rose Vires
13. Birthplace Henderson Tenn (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Zete Paggett
15. Birthplace Blytheville, Ark. (City, town, or county) / (State or foreign country)

16. (a) Informant Rose Vires
(b) Address Holland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6. 18. 41. (Month) (Day) (Year)
(c) Place: burial or cremation Samford Cemetary

18. (a) Signature of funeral director J. L. German
(b) Address Steele, Mo.

19. (a) 7-21-1941 (Date received local registrar) (b) Tom Briganer (Registrar's signature) 588

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1941 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from 6-18-41, 19__, to 6-18-41, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Premature
About 5½ or 6 mo
Colitis being the cause

159

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

23. Signature D. C. McLean (M. D. or other) 0
Address Holland Date signed 6-18-41

(Licensed Embalmer's Statement on Reverse Side)

8-41-27

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, above space should be left blank.