

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

38783

DEC 18 1941

Registration District No. 1149

State File No. _____

Primary Registration District No. 5698

Registrar's No. _____

1. PLACE OF DEATH:
(a) County McDonald
(b) Township Pineville, Ind
(c) City or Town _____ Ward _____
(d) Name of Hospital or Institution _____
(If not in hospital or institution write street number or location)
(e) Length of stay: In hospital or Institution _____
(Specify whether years, months or days)
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County West
(c) City or town Neosho _____
(If outside city or town limits, write Rural Number) 3
(d) Street No. _____
(If rural, give location) 0
(e) if foreign born, how long in U. S. A. 21 years

3(a) FULL NAME Clarence Edward Holman

3(b) If veteran, name war _____
3(c) Social Security No. 431-16-7826
4. Sex MO 5. Color or race W
6(a) Single, widowed, married, divorced Divorced

MEDICAL CERTIFICATION
20. Date of death: Month Sept day 6 year 1941
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 stated above at _____ M. _____

6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Oct 20 1914
(Month) (Day) (Year)

Immediate cause of death Killed suddenly in auto accident
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. Age: 26 Years 10 Months 16 Days _____ hr. _____ min.
9. Birthplace Madison Co, Ark
(City, town, or county) (State or foreign country)
10. Usual occupation filling station operator
11. Industry or business _____

Major findings: _____
Of operations: _____
Of autopsy: NO
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name James B. Holman
13. Birthplace Madison Co, Ark
(City, town, or county) (State or foreign country)
14. Maiden name Bonnie Brain
15. Birthplace Huntsville, Ark
(City, town, or county) (State or foreign country)

16(a) Informant's own signature Mrs. Bonnie Holman
(b) P. O. address _____
17(a) Burial (b) Date thereof 9-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burial or cremation Friendship Cemetery
18(a) Signature of funeral director Callison & Riggs
(b) P. O. address Springdale, Ark
19(a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following;
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 6 1941
(c) Where did injury occur? plumville mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
While at work? (e) Means of injury Skull Fracture
23. Signature C. P. Dico M. D.
Address Springdale Ark Date signed 9-6-41

WHILE FILLING WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ARKANSAS STANDARD CERTIFICATE OF DEATH

1941
S-31958

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8, and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

The trade, profession, or particular kind of work done.

10. Usual occupation.

11. Industry or business.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman*, and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of Onset

1916

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

EXAMPLE II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of Onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gall stones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38783**

Registration District No. **1149**

Primary Registration District No. **5698**

Registrar's No.

1. PLACE OF DEATH

(a) County **McDonald**
(b) City or town **Presidentsville**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ark** (b) County **Washington**
(c) City or town **Springdale Ark**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name 'country'

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **6**
year **1941** hour minute M.
21. I hereby certify that I attended the deceased from 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hit while suddenly on auto accident**
Due to
Due to **1700-6**

Other conditions: **20**
(Include pregnancy within 3 months of death)

Major findings: **Body Crushed**
Of operations
Of autopsy **none**
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) **accident**
(b) Date of occurrence **Sept 6 1941**
(c) Where did injury occur? **Presidentsville Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway
While at work? **no** (Specify type of place)
(e) Means of injury **Crushed**
23. Signature **C. J. Nisco** (M. D. or other)
Address **Springdale** Date signed **11-9-41**

3. (a) PRINT FULL NAME **Clarence C. Dalman**

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

4. Sex **M.** 5. Color of race **W.**
6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased: **Oct 22 1915**
(Month) (Day) (Year)

8. AGE: Years **26** Months **10** Days **2**
(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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

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

SUPPLEMENTARY

1941
S-31958