

JAN 7 1942

Registration District No. 287

Primary Registration District No. 5405

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Clay - funeral
(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 mo (b) County Dunklin 35
(c) City or town near Hornersville
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles north 2 miles east
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Master L. Hollingsworth

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

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

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

7. Birth date of deceased aug - 21 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name James Hollingsworth

13. Birthplace Montgomery co - ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Ward

15. Birthplace Stone co - ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Hollingsworth

(b) Address Hornersville mo. Star site

17. (a) Burial (b) Date thereof 11-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornersville

18. (a) Signature of funeral director Emerson Burns

(b) Address Hornersville mo.

19. (a) 12/1/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1941 hour 11 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov - 10
1941, to Nov - 21, 1941.

that I last saw her alive on Nov 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Enteric Colic Duration 20 days

Due to Artificial feeding

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 1190

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 D

23. Signature [Signature] (M. D. _____)

Address Hornersville mo Date signed _____

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

3500

260

RECEIVED

District Health Office No. 2,

District File Number 142-4

Date Filed 1-6-42

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.