

FILED FEB 18 1942

Registration District No. **92**

Primary Registration District No. **6162**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Monroe - Washington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hosp # 32  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs 10 months  
(Specify whether)

In this community June  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene <sup>108</sup>

(c) City or town Springfield <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 777 E. Walnut  
(If rural, give location)

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

3. (a) PRINT FULL NAME Marjorie Holland

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26  
year 42 hour 6 minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov 15, 1938, to Jan 26, 1942  
that I last saw her alive on Jan 26, 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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: July 7, 1913  
(Month) (Day) (Year)

Immediate cause of death: Toxemia

Due to Septic abscess <sup>7 months</sup>

Due to Foreign body in colon - needle

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

8. AGE: Years 28 Months 6 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations 85

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name M. Paul Holland

13. Birthplace Progersville Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Smith

15. Birthplace Progersville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Steph Reed

(b) Address Nevada Mo

17. (a) Funeral (b) Date thereof 1/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director W. J. Weaver

(b) Address Springfield Mo

19. (a) 1-30-42 (b) Allen V. Hoyle  
(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) \_\_\_\_\_

(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

23. Signature W. J. Weaver (M. D. or other) 1

Address Nevada Date signed \_\_\_\_\_

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

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RECEIVED

District Health Officer No. 7)

District File Number 2-42-110

Date Filed 2-13-42

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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 Walter E Hamella

Licensed Embalmer No. 3808

P. O. Address Springfield Ma

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.