

FILED MAR 3 1942
Registration District No. 780

Primary Registration District No. 6025

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 MISSOURI (b) County STE. GENEVIEVE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. St. Genevieve 7th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MILDRED LORINE HOLLARS

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

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

7. Birth date of deceased: JAN 12 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 11 hr. _____ min.

9. Birthplace STE. GENEVIEVE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name HARVEY HOLLARS

13. Birthplace WAYNE CO. / KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name LORINE KREITLER

15. Birthplace STE. GENEVIEVE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nancy Hollars

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof JAN 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director W. C. Boyle

(b) Address St. Genevieve Mo

19. (a) Jan 24 / 42 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 23 1942
12 1942, to Jan 23 1942
that I last saw her alive on Jan 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Due to congenital heart

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

Major findings: Of operations 157e
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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature W. C. Boyle (M. D. or other) MD
Address St. Genevieve Mo Date signed 1-23-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 242-2765
Date Filed 2-12-48

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 L. C. Baker
Licensed Embalmer No. 1985
P. O. Address St. Genevieve Mo

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.