

17436

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 169

FILED JUN 18 1942
85

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 5128

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Memorial Home, 1120 Main Str.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79 Yrs. 4 mos. 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Main Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Florence Holland

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles L. Holland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 6th, 1963
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Saint Joseph, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Newell Worden

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

14. Maiden name Marie Laney

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

16. (a) Informant Memorial Home Records
(b) Address 1120 Main Street

17. (a) Burial (b) Date thereof 5/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Place: burial or cremation Mount Mora Cemetery

18. (a) Signature of funeral director Funeral Home
(b) Address 319 So. 10th Street, Home

19. (a) 5-14-42 (b) Rosal Hertz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1942 hour 7:00 minute _____ a. m.

21. I hereby certify that I attended the deceased from on May 13th, 1942 to _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day

Due to Gen. Arteriosclerosis 2 yrs

Due to 94a

Other conditions Woman died in her sleep
(Include pregnancy within 3 months of death)

Major findings: without premonitory
Of operations: warning of illness, or
Of autopsy: death. No. It impending

Duration

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 _____

23. Signature H F Mundy (M. D. or other) Coroner
Address 404 203d Date signed 5/19/42

1233

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1942

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 5-13-42
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm E. Zimmerman
Licensed Embalmer No. 3007
P. O. Address 3195 10 St, Long Beach

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.