

~~FILED~~ OCT 13 1942
327

Primary Registration District No. 6148

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Lentner
(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 40 years
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Lentner
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Matilda Hollenbeck

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 Married

6. (b) Name of husband or wife Wilbur Hollenbeck 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 5th 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Linneus Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name John Tanner

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

14. Maiden name Elizabeth Beals

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

16. (a) Informant Norma Hollenbeck

(b) Address Lentner, Mo.

17. (a) Burial (b) Date thereof 8/27/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Million Barkelaw

(b) Address Shelbina, Mo.

19. (a) 542 (b) Madge Good
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1942 hour 7 minute A.M.

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

Immediate cause of death Henry A. Barkelew, Funeral Director, Shelbina, Mo., wrote me that Mrs. Hollenbeck died Aug. 25, 1942, without any physician seeing her after she left the hospital. An exploratory operation showing inoperable carcinoma of the abdomen was found at the operation March 26, 1942. I take this to be the cause of her death.

Other conditions (Include pregnancy within 3 months of death) 55e

Major findings: Of operations Inoperable cancer of abdomen.

Of autopsy I do not know.

22. If death was due to external causes, fill in the following: Not to my knowledge.

(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R.D. Street (M. D. or other) M. D.
Address Moberly, Mo. Date signed Aug. 28/42

102
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1098

FOR FILE

RECEIVED.

District Health Officer No. 10

District File Number 10-42-1914

Date Filed OCT 12 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Nancy A. Larkins
Licensed Embalmer No. 3835
P. O. Address Chelino, 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.