V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 43

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5143

State File No. 36765

Registrar's No. 377

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL - Poplar Bluff twp
(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 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BUTLER 12 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi N.W. POPLAR BLUFF
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES ALEXANDER HOLLAND

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ROSELLA CARSON HOLLAND

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased NOV. (Month) 15 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	0	10	hr. min.

9. Birthplace COTTONWOOD (City, town, or county) ILL 1 (State or foreign country)

10. Usual occupation

11. Industry or business RETIRED FARMER

FATHER
12. Name THOMAS HOLLAND
13. Birthplace (City, town, or county) KY 1 (State or foreign country)

MOTHER
14. Maiden name QUINTILLA JOHNSON
15. Birthplace COTTONWOOD (City, town, or county) ILL 1 (State or foreign country)

16. (a) Informant Mrs R.D. Evans
(b) Address RFD #1 Poplar Bluff MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director N.T. Phelps
(b) Address Poplar Bluff MO

19. (a) 11-27-42 (Date received local registrar) (b) Bill Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 25" year 1942 hour 7 ~~20~~ minute 20 P. M.

21. I hereby certify that I attended the deceased from May 9, 1942, to Nov 25, 1942 that I last saw him alive on Nov 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Ed arteritis — Duration 1 yr.

Due to age 99.2

Due to

Other conditions Loose ulcerations
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. Leet Harwell (M. D. ~~or other~~)
Address Poplar Bluff Mo Date signed 11/27/42

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1530
Date Filed 12-7-42

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 N. J. Phelps

Licensed Embalmer No. 8231

P. O. Address Popular Bluff 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.