S. No. 2
M—9-4-41
5-17-39

11659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

D APR 14 1943 3 38

Registration District No.

Primary Registration District No. 6148

Registrar's No.

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

1. PLACE OF DEATH
(a) County: Stoddard
(b) City or town: Bloomfield Rural Jerse 8 Canton
(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 years, months or days)
In this community: 8 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Stoddard
(c) City or town: Rural 10 S
(If outside city or town limits, write "RURAL")
(d) Street No.: 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Bonnie Lee Holland
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female 1
5. Color or race: W
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: Aug. (Month) 2 (Day) 1942 (Year)
8. AGE: Years | Months 8 | Days 24 | If less than one day hr. min.
9. Birthplace: Perry Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER
12. Name: John Holland
13. Birthplace: Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Myrtle Murray
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: John Holland
(b) Address: Rural Rt. 2, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove Cem.
18. (a) Signature of funeral director: Chiles Und. Co.
(b) Address: Bloomfield Mo.
19. (a) 4/1/1943 (Date received local registrar) (b) Clare Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1943 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 24, 1943 to March, 1943, that I last saw her alive on March, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Due to: Influenza	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 330	
Major findings: Of operations:	
Of autopsy: No.	

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: Robert Wilson (M. D.)
Address: Bloomfield, Mo. Date signed 3/24/43

1130 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 443-479
Date Filed 4-12-43

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.....

.....R....., Registered Apprentice No.....,

working under my personal supervision.

Signed Infant was not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.