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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 42

37

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town RURAL CANAAN TOWNSHIP (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEAR OWENSVILLE, MO (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 2 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL (If outside city or town limits, write "RURAL") 0
(d) Street No. NEAR OWENSVILLE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SHIRLEY ANN HOLLANDSWORTH

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 SINGLE

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased MAY (Month) 30 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace NEAR OWENSVILLE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name LEROY HOLLANDSWORTH
13. Birthplace OWENSVILLE (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name EDITH ROSKOWSKI
15. Birthplace OWENSVILLE (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Roy HOLLANDSWORTH
(b) Address OWENSVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation OWENSVILLE CITY CEM

18. (a) Signature of funeral director W. F. GOTTENSTRETER
(b) Address OWENSVILLE MO.

19. (a) 6-3-43 (Date received local registrar) (b) Myrtle McWenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1 year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 5-30, 1943 to 6-1, 1943; that I last saw her alive on 6-1-43, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Patent Foramen Ovale	2 days.
Due to	
Due to	
Other conditions (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 Paul A. Brauer (M. D. or other) MD
Address Owensville, Mo. Date signed 6-2-43

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

1281

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Milford W. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.