

No. 2
-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43161
Registrar's No. 95

FILED DEC 17 1943

Registration District No. 240 Primary Registration District No. 5074358

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No.
In this community About 15 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME FERRY MIAH HOLLAND

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1943 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 15th 1943 to Oct 30 1943
that I last saw him alive on Oct 28 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife SARAH HOLLAND

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 8 8 - 1863
(Month) (Day) (Year)

Immediate cause of death: Broncho Pneumonia
Cardio renal Disease
Due to... (Nephritis)
(Hypertension)
Due to... (Arteriosclerosis)

Duration _____

8. AGE: Years 80 Months 2 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace unk. (City, town, or county) Maryland (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 12/a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

11. Industry or business _____

12. Name unk

13. Birthplace unk (City, town, or county) (State or foreign country) 9

14. Maiden name unk

15. Birthplace unk (City, town, or county) (State or foreign country) 9

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 Orville B. Chandler (M. D. MD)
Address New Madrid Mo Date signed 10/30/43

16. (a) Informant Dernie Holland

(b) Address Lithouan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31-43 (Month) (Day) (Year)

(c) Place: burial or cremation Grounds

18. (a) Signature of funeral director Richard and Co

(b) Address New Madrid

19. (a) Nov 7-43 (Date received local registrar) (b) Mr J. K. Farrett (Registrar's signature)

1216

RECEIVED

District Health Office No. 2,

District File Number 1243-1566

Date Filed 12-14-43

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.....

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

working under my personal supervision.

Signed Leo Hedgcock

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.