

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 210Primary Registration District No. 5774Registrar's No. 20

PLACE OF DEATH:

- (a) County Mercer
- (b) City or town Rural Ravanna, 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 years, months or days)
- In this community 30 Days

3. (a) PRINT FULL NAME Virginia Helen Hollett

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 Charles Hollett 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. 26 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Minn. /
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Azor Benton
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Lillian Hampton
15. Birthplace Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hollett

(b) Address Newtown, Mo.

17. (a) Burial (b) Date thereof 2 28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna Cemetery

18. (a) Signature of funeral director Martin

(b) Address Princeton, Mo.

19. (a) 2-26-44 (b) Gren Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ill. (b) County Cook 779
- (c) City or town Chicago, Ill. 11
(If outside city or town limits, write "RURAL") 0
- (d) Street No. _____ (If rural, give location)
- (e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 26 day _____
year 1944 hour 6:50 a. minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 17, 1944 to Feb. 26, 1944
that I last saw him or alive on Feb. 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease with special reference to the degree of kidney involvement. (Uraemia)

Due to Followed an attack of influenza St. Lukes Hospital, Chicago, Ill.

Other conditions Dec. 1943.
(Include pregnancy within 3 months of death)

Massive edema whole body.

Major findings:

Of operations None

Of autopsy None made

Duration

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) None
- (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 0

23. Signature Gren Martin (M. D. or other) MD
Address Princeton, Mo Date signed 2/26/44

JAN 26 1945

MAR 1 1945
MAR 2 1944

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..... *H. Ivan Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton, 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.