

FILED MAY 11 1944

Registration District No. 129

Primary Registration District No. 4225

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution:  
Holt County Jail 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Barney Hollinaworth

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1944 hour 3 A.M. minute \_\_\_\_\_ M.

4. Sex Male ( ) 5. Color or race White

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

6. (b) Name of husband or wife Sarah Margaret Noland

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

7. Birth date of deceased March 10 1856  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 4 1944 to \_\_\_\_\_ 1944  
that I last saw him in alive on Apr. 4 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>		<u>26</u>	_____ hr. _____ min.

Immediate cause of death Acute Mania-Delirious  
Due to Exhaustion following  
at 8:30 P.M.

9. Birthplace Oaheola Iowa  
(City, town, or county) (State or foreign country)

Due to Exhaustion following  
at 8:30 P.M.  
Saw him once at jail. Died next morning  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Isaac Hollinaworth

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

14. Maiden name Mary Unknown

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

Due to Exhaustion following  
at 8:30 P.M.  
Saw him once at jail. Died next morning  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1620

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rhoda Hamilton

(b) Address Forest City, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Apr. 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]

(b) Address Wm. G. [Signature]

19. (a) 4-10-44 (b) Paul [Signature]  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. \_\_\_\_\_)

Address Oregon Mo. Date signed 4-6-44

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

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**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.....

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.**