

FILED APR 22 1944

State File No. _____

Registration District No. 801

Primary Registration District No. 4450

Registrar's No. 1956

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Danpham Mo.

(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley, 91

(c) City or town Danpham Mo. (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 Wilson R. Holland

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2 year 1944 hour 3 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug. 9, 1871

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 19, 1944 to March 2, 1944 that I last saw him alive on March 2, 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>24</u>	_____ hr. _____ min.

Immediate cause of death Uremia

Due to flu-pneumonia

9. Birthplace Ripley County Mo. (1)

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Retired School Teacher

11. Industry or business _____

12. Name Scott Holland

13. Birthplace Tenn.

(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gunn

15. Birthplace Tenn.

(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mar R.R. Weber

(b) Address Danpham Mo.

17. (a) Burial (b) Date thereof Mar. 5, 1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge conf. Black Mt. Mortuary

18. (a) Signature of funeral director Ed Johnston

(b) Address Danpham Mo.

19. (a) 3/2/44 (b) E. Johnston

(Date received local registrar) (Registrar's signature)

23. Signature J. E. Hillman (M. D. certifier)

Address Danpham Mo. Date signed 3/2/44

While at work? _____ (Specify type of place)

(c) Means of injury _____

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

674

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 9 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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Canning Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 19476

Registration District No. 301 Primary Registration District No. 4450

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Daniphan
(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 _____)
In this community _____ (Specify whether _____)

3. (a) PRINT FULL NAME Wilson R. Holland
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 9 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 23 (If less than one day, _____ min.)

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May Year 1944 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Membracete nephritis due to

Due to flu, pneumonia
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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 [Signature] (M. D. or other) _____
Address Daniphan Mo Date signed 5-1-44

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

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

15615