

FILED JUN 6 1944

Primary Registration District No. 4221

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Mound City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Senora Helen Hollenback

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 Widowed

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

7. Birth date of deceased Dec. 26 1850
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Daniel Bender

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

14. Maiden name Mary Lucas

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

16. (a) Informant Mrs. Evelyn Fisher

(b) Address Mound City, Mo

17. (a) Burial (b) Date thereof May 14th
(Burial, cremation, or removal) (Month) (Day) (Year)
Mound City, Mo

(c) Place: burial or cremation _____

18. (a) Signature of funeral director [Signature]
(b) Address Mound City, Mo

19. (a) 5-14-44 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from May 10
1944 to May 11 1944
that I last saw her alive on May 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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 [Signature] (M. D. or other) _____

Address Mound City Date signed 5-14-44

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

MOTHER FATHER

1185

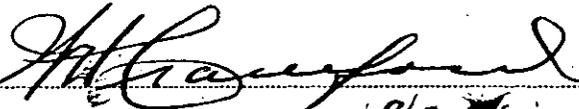
STATEMENT BY LICENSED EMBALMER

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. 1829

P. O. Address *Marion 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.