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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

Registration District No. 1008

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18529

State File No.

Primary Registration District No. 4298

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Linn

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

(c) Name of hospital or institution: / XXXXXXX
(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

2. USUAL RESIDENCE OF DECEASED: 58

(a) State: Missouri (b) County: Linn

(c) City or town: Linneus
(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: 0

3. (a) PRINT FULL NAME: Susie Holland

3. (b) If veteran, name war: XXX

3. (c) Social Security No.: XXXX

4. Sex: Female / 5. Color or race: White / 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William Holland

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: August (Month) 20 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
58	8	29	hr. min.

9. Birthplace: Linn County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: At home

11. Industry or business:

FATHER 12. Name: Frank Vanlandingham

13. Birthplace: XXXXXX (City, town, or county) XXXXXXXXXX (State or foreign country)

MOTHER 14. Maiden name: Eliza Dusky

15. Birthplace: Linn County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: William Holland

(b) Address: Linneus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/22/1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Brookfield, Mo.

18. (a) Signature of funeral director: Thorne Undt. Co.

(b) Address: Linneus, Mo. W. H. Taylor

19. (a) 5/22/1944 (Date received local registrar) (b) Mrs C C Wooff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 19th year: 1944 hour: 10 minute: 15 P.M.

21. I hereby certify that I attended the deceased from 5/17/44 19 to 5/19/44 19; that I last saw h. alive on 5/19/44 at 5 PM and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	
Due to: Cardio-vascular-renal disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 131a	

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) 0

While at work? (e) Means of injury:

23. Signature: L. G. Willis (M. D. or other) XXXX DO.

Address: Linneus, Mo Date signed: 5/22/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Darr A. Taylor

Licensed Embalmer No. 3761

P. O. Address Lemmon, Mo

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.