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1-3-43  
5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10936**

**FILED JAN 12 1945**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3012**

Registrar's No. **169**

**1. PLACE OF DEATH:**

(a) County Clay

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

(c) Name of hospital or institution Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution yes (Specify whether years, months or days)  
 Hosp 17 days

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay **24**

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

(d) Street No. unknown (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JERRY J. HOLLAND

3. (b) If veteran, name war unknown No. no.

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced unknown

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

7. Birth date of deceased Sept 18 1859  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Retired Rail Road Man

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

**MOTHER FATHER** 12. Name Jeremiah Holland

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

14. Maiden name Eleanor O'Connell

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

16. (a) Informant Excelsior Springs Hospital

(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 2/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs, Mo.

19. (a) 12-8-44 (b) Mrs. Wade  
(Date received of local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 8  
year 1944 hour 3:00 minute 4 M.

21. I hereby certify that I attended the deceased from Oct 8 to Dec 8, 1944

that I last saw him alive on Dec 8, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Prosthetic

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

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

Of autopsy 0

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 MO.

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

Address Excelsior spry Mo. Date signed 2/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1166

(Licensed Embalmer's Statement on Reverse Side)

1111  
RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-9-45

FEB 23 1945

RECEIVED

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

Chas. Virgel Hope

Licensed Embalmer No. 3950

P. O. Address

Excelsior Springs

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.