

FILED MAR 6 1945

State File No. \_\_\_\_\_

Registration District No. 38

Primary Registration District No. 4088

Registrar's No. 2

1. PLACE OF DEATH: Carter

(a) County Carter

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
Mo. Carter

(a) State \_\_\_\_\_ (b) County Carter

(c) City or town Ellsinore  
(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 Angie Holland

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Mar. 27 1871  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

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

12. Name Frank Brame

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

14. Maiden name Unknown

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

16. (a) Informant Ellsinore Mo.

(b) Address Burial (b) Date thereof 2-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter Mo. Phil A. Leuckel

18. (a) Signature of funeral director Van Buren Mo.

(b) Address \_\_\_\_\_

19. (a) Feb 5, 1945 (b) ma A. Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3  
year 1945 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 8-8 1941 to 12-13 1944  
that I last saw her alive on 12-1-44, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Duration 2 yrs

Due to Chronic glomerulonephritis  
and myocardial degeneration  
and infarctures of age

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 12/1/44

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? \_\_\_\_\_

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

23. Signature Frank Brame (M. D. or other) D.O.  
Address Van Buren Date signed 2-5-45

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

**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 no  
Embalming ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**