V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10888

Registration District No. 366 Primary Registration District No. 6245 Registrar's No. 14

10
0
0

1. PLACE OF DEATH:
(a) County Washington
(b) City or town ~~Lefferton~~ Walton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Shirley Mo
(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 Mo. (b) County Washington
(c) City or town Rural 110
(If outside city or town limits, write "RURAL")
(d) Street No. Near Shirley Mo. 0
(If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul C. Hollingsworth
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race av
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 3 (Day) 1940 (Year)

8. AGE: Years 4 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Faymon Hollingsworth
13. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Allie F. Callahan
15. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Faymon Hollingsworth
(b) Address Shirley Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7. 45 (Month) (Day) (Year)
(c) Place: burial or cremation Shirley Mo.
18. (a) Signature of funeral director C. L. Sparks
(b) Address Patoka Mo.
19. (a) 3-7-1945 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 5
year 1945 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from March 4, 1945, to March 5, 1945;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute
Due to Pyelo Nephritis
Due to Cause
Other conditions (Include pregnancy within 3 months of death) unknown
Major findings:
Of operations
Of autopsy 1:30

Duration

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 G. F. Cresswell (C) (M. Dist. Other) 3/6/45
Address Patoka Mo Date signed

80 B

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-485

Date Filed 4-10-45

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Fletcher 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.