

S. No. 2
M-5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28009**

Registration District No. **233** Primary Registration District No. **4348** Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Montgomery**

(b) City or town **Wellsville**
(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 **Six months** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Montgomery**

(c) City or town **Wellsville MO**
(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 **ELSIE MAY HOLLON**

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 **Fred Hollon**

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

7. Birth date of deceased **Jan 25 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **27** If less than one day hr. min.

9. Birthplace **Johnson Co Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business **General Home Work**

12. Name **Charles Murray**

13. Birthplace **Johnson Co Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Simpson**

15. Birthplace **Johnson Co Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Geo Brantley**

(b) Address **208 S. Third St. Wellsville**

17. (a) **Burial** (b) Date thereof **May 23 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Louis MO**

18. (a) Signature of funeral director **Wellsville MO**

(b) Address _____

19. (a) **May 22 - 1945** (Date received local registrar)

Mrs. Margie Norton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**, year **1945** hour **6** minute **15** P.M.

21. I hereby certify that I attended the deceased from **April 1**, 1945, to **May 21**, 1945; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure**

Due to **cardio-vascular**
Renal disease

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **12/10**

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 **H. R. Titum** (Mr. D. or other) **D.O.**

Address **Middletown MO** Date signed **May 22 1945**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-7-45

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


.....
Licensed Embalmer No. 3059

P. O. Address Wellsville 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.