S. No. 2
OM—2-43
v. 5-17-39
T X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30034

State File No.

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 213 E. Washington 1
(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) 7 yrs
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Audrain 4
(c) City or town: Vandalia, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 213 E. Washington 1
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LOLA HOLLINGSWORTH
3. (b) If veteran, name war:
3. (c) Social Security No.: NONE
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Charley Hollingsworth
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Feb. (Month) 23 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	26	hr. min.

9. Birthplace: Pike County, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
MOTHER FATHER
12. Name: Vines Marshall Royalty
13. Birthplace: Pike County, Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Fesler
15. Birthplace: Illinois 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Dora Wilson
(b) Address: St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-21-45 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Vandalia Cemetery
18. (a) Signature of funeral director: Glen Smith
(b) Address: Vandalia, Mo.
19. (a) Aug 20 1945 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day Aug. year 1945 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 20, 1945, to Aug 19, 1945, that I last saw her alive on Aug 18, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

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)
While at work? (e) Means of injury:

23. Signature: H. W. Bland (M. D. or other)
Address: Vandalia Date signed 8/20/45

1073 (Licensed Embalmer's Statement on Reverse Side)

DEC 6 1945

RECEIVED
District Health Officer No. 10
District File Number 9-45-1320
Date Filed SEP 17 1945

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 Clyde C. Willey

Licensed Embalmer No. 3820.

P. O. Address Perry, 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.