Dr Chapman

S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34297

Registration District No. 272 Primary Registration District No. 6907 Registrar's No. #0 11

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

1. PLACE OF DEATH

(a) County: Pemiscot

(b) City or town: ~~Wardell~~ Cooter rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cooter Temp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot 78

(c) City or town: Cooter rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Cooter Temp 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME: Leggie Hollywood

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M 2

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: Feb (Month) 3 (Day) 1935 (Year)

8. AGE: Years 10 | Months 9 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace: Hudman Ark (City, town, or county) (State or foreign country)

10. Usual occupation: Child

11. Industry or business: —

FATHER
12. Name: Roy Hollywood
13. Birthplace: ~~Mary Scott~~ Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Scott
15. Birthplace: Whitfield Tenn (City, town, or county) (State or foreign country)

16. (a) Informant: Mary Hollywood
(b) Address: Cooter Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation: St Matthews cem

18. (a) Signature of funeral director: J. Penner
(b) Address: Steele Mo

19. (a) 10-30-45 (Date received local registrar) (b) S. L. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 25, 1945, to Sept 1, 1945, that I last saw him alive on Sept 1, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute nephritis.	
Due to: (?)	
Due to: —	
Other conditions (Include pregnancy within 3 months of death):	30
Major findings: Of operations: —	PHYSICIAN
Of autopsy:	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: J. Chapman (M. D.)

Address: Steele Mo Date signed 9-6-45

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(Licensed Embalmer's Statement on Reverse Side)

10-45-201

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 Jas. R. Stovall

Licensed Embalmer No. 3108

P. O. Address Blytheville Ark

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.