S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42155

Registration District No. 280 Primary Registration District No. 5960 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Platte Camden Point Mo. Rural

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Camden Point Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nora Rose Holler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

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 March (Month) 28 (Day) 1945 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	8	21	hr. min.

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

10. Usual occupation baby

11. Industry or business none

FATHER
12. Name Thomas Holler
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Ethel Davis
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Thomas Holler
(b) Address Camden Point Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20 (Month) 1945 (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Lucian Davis
(b) Address Dearbor Missouri

19. (a) 12-21-45 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 19
year 1945 hour 8 minute 15A M.

21. I hereby certify that I attended the deceased from December 16th, 1945, to December 19th, 1945
that I last saw her alive on December 18, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	4 days
Due to	
Due to	
Other conditions Mongolian (Include pregnancy within 3 months of death)	8 mo

Major findings:
Of operations 33 K
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 S. L. Durham MD (M. D. or other)
Address Dearborn Mo Date signed 12-21-45

1488 (Licensed Embalmer's Statement on Reverse Side)

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.