

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6793**

FILED MAR 8 1946

Registration District No.

Primary Registration District No. **3056**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Randolph**

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

(c) Name of hospital or institution: **934 West End**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **Entire life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**

(c) City or town **Proberly**
(If outside city or town limits, write "RURAL")

(d) Street No. **934 West End**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MOLLIE ALICE HOLLIDAY**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **25th** 19**46** hour **5** minute **10** P.M.

21. I hereby certify that I attended the deceased from **past 6 mo.** 19**46** to **Jan 25** 19**46**

4. Sex **Female** 5. Color or race **Black** 6. (a) Single, widowed, married **2 divorced, widowed**

6. (b) Name of husband or wife **George Holliday** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June-10-1867**
(Month) (Day) (Year)

that I last saw her alive on **Jan 25** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardite**

Duration **6 mo**

8. AGE: Years **78** Months **7** Days **15** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **George Tomlin**

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

14. Maiden name **Mary Tomlin**

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

16. (a) Informant **Bert Holliday**

(b) Address **934 West End Proberly Mo**

17. (a) **Burial** (b) Date thereof **Jan 30 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cemetery**

18. (a) Signature of funeral director **Snow Funeral Home**

(b) Address **Proberly Missouri**

19. (a) **Jan 29-46** (b) **Leah Williams**
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations **937**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. G. Griffith** (M. D. or other) _____
Address **Proberly** Date signed **1/27/46**

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

RECEIVED
District Health Officer No. 10
District File Number 3-46-375
Date Filed - MAR-7-1948

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.