

FILED MAY 10 1946

Primary Registration District No. 5589

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Union - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Carthage Rt # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 11 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt # 3, Carthage  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Albert HOLLAND

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary A. Eddings 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 27, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Green Barry Holland

13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jones

15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Holland

(b) Address Carthage St. # 3,

17. (a) Burial (b) Date thereof 4-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holland Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 4-27-46 (b) L. B. Clinton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26  
year 1946 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from Mar 20, 1946, to Apr 26, 1946  
that I last saw him alive on Apr 27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to Arteriosclerosis & Hypertension → 4 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy (36)

Duration

6 weeks

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 (C)

23. Signature H. E. Boyd M.D. (M. D. or other)

Address Carthage, Mo Date signed Apr 27-1946

46-4-330

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**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..... *John S. Pennek*.....  
Licensed Embalmer No..... *4194*.....  
P. O. Address..... *Cartage M*.....

**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.**