

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19842

State File No. _____

FILED JUL 8 1946

Registration District No. 19

Primary Registration District No. 5306

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cole main township

(b) City or town Elston

(c) Name of hospital or institution: County Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Two weeks

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 21

(c) City or town Elston

(If outside city or town limits, write "RURAL")

(d) Street No. County Home

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Hollis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3

year 1946 hour _____ minute _____ AM/PM

21. I hereby certify that I attended the deceased from Dec 23

1946, to Jan 3 1946

(that I last saw him alive on Jan 1 1946

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color 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: Unknown

(Month) (Day) (Year)

Immediate cause of death Acute heart failure

Duration few hrs

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

about 72

Due to Renal heart disease year

Due to _____

9. Birthplace Unknown Ill.

(City, town, or county) (State or foreign country)

Other conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

10. Usual occupation Tobacco

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 95 hr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant County Court Clerk

(b) Address Jefferson City, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 12-4-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Cemetery

(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? _____

18. (a) Signature of funeral director James Bowen

(b) Address 2000 Main

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) Jan 5 (b) Miss Minnie Hettermeier

(Date received local registrar) (Registrar's signature)

23. Signature Reard Taylor (M. D. or other) M.D.

Address Jefferson City Date signed Jan 1946

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

1011

70

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-2-46

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 *[Signature]*.....

Licensed Embalmer No. 3641

P. O. Address *[Signature]*

[Signature]

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.