S. No. 2
DM—2-43
v. 5-17-39
I X35692

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26500

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 280

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether

In this community 15 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Illmo 3 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME Charles Van Holladay

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

4. Sex Make O — 5. Color or race White — 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Belle Holladay — 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Jan (Month) 8 (Day) 1875 (Year)

8. AGE: Years 71 — Months 7 — Days 13 — If less than one day ____ hr. ____ min.

9. Birthplace Carbondale (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Retired Post Master Illmo. Mo.

11. Industry or business

FATHER
12. Name Van R. Holladay
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Bell Odum
15. Birthplace Williamson Co (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Mrs Fred Craig
(b) Address Illmo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Cobden Cem. Cobden Il

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Illmo, Mo.

19. (a) 8-24-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 21 day ____ year 1946 hour 10-00 minute ____ P. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1946 to Aug. 21, 1946 that I last saw him alive on Aug. 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death [illegible]

Due to [illegible]

Due to Bargain Drinking

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 99

Of autopsy

Duration

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 0

23. Signature [illegible] (M. D. or other) [illegible]

Address Illmo Mo Date signed 8-22-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2538

Date Filed 9-3-46

OCT 3 1946

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 Mamie Bieplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.