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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30693

FILED SEP 18 1946

Registration District No. 26 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oakland / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin, (If outside city or town limits, write "RURAL") 2
(d) Street No. Range Line (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Altha Jane Hollenbeck
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 13 (Day) 1865 (Year)
8. AGE: Years 80 Months 7 Days 28 If less than one day hr. min.
9. Birthplace (City, town, or county) unknown 9 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Chillicothe, Ohio
FATHER 12. Name Edward Moore 4
13. Birthplace Ireland / (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name Rebecca Krishman
15. Birthplace Pennsylvania / (City, town, or country) (State or foreign country)
16. (a) Informant Mrs Ella R. Leonard
(b) Address Joplin,
17. (a) Burial, Kan (Burial, cremation, or removal) (b) Date thereof Aug 13 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Holton Kan,
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. 4th st.
19. (a) 8-12-46 (Date received local registrar) (b) Ed James (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11-1946 year 1946 hour 4.00A.M. minute M.
21. I hereby certify that I attended the deceased from July 1, 1946 to Aug 11, 1946 and that I last saw her alive on Aug 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	6 WKS.
Due to: arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 83A	
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 0
23. Signature Ernest Mitchell (M. D. or other) M.D.
Address Joplin Mo. Date signed 8-12-46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-752

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.