

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946
339

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13348
23
Registrar's No.

Registration District No. Primary Registration District No. 6149

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dudley
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Dudley
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Malindia M. Hollis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 3, 1868
(Month) (Day) (Year)

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

9. Birthplace Dexter, Mo. R.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Please Majors

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

14. Maiden name unknown

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jas. H. Jerrell

(b) Address Dudley, Mo.

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

(c) Place: burial or cremation Sadley Chappel Cem.

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) Nov 10 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 3
year 1946 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from Oct. 23, 1946 to Nov. 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to _____

Due to Hypertension - Atherosclerosis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence no
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) _____
While at work? _____ Means of injury _____
Address Dexter Mo Date signed 11-3-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 1246-145

Date Filed 12-12-46

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 Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Wester, Ma

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.