No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5732

Registration District No. 218 Primary Registration District No. 3054 Registrar's No. 020

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Buffalo 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSIE NELL HOLLAND
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Holland
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 29 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	20	hr. min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housekeeping
FATHER
12. Name Edward K. Smith
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Campbell
15. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. L. T. Blackmore
(b) Address RFD Louisiana, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo.
18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri
19. (a) 2-19-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 19 day year 1947 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from 2/17/47, 19, to 2/19/47, 19; that I last saw her alive on 2/19/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	1 wk.
Due to Hypertensvie Cardio-vasculer Disease	10 plus yrs.
Due to and Broncho-pneumonia	1 week.

Other conditions ----
(Include pregnancy within 3 months of death)
Major findings: ----
Of operations
Of autopsy ---- 93D

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 ----
23. Signature Chas H Lovell (M. D.)
Address Louisiana, Missouri Date signed 2/19/47

374 (Licensed Embalmer's Statement on Reverse Side)

APR 2 1947

RECEIVED
District Vital Statistics Office No. 10
District File Number 3-42-483
Date Filed MAR 11 1947

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 Virginia M Sterne, Registered Apprentice No. 491, working under my personal supervision.

Signed J B Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.