

FILED MAR 21 1947

Registration District No. 118

Primary Registration District No. 5440

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural Clay Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years. (Specify whether years, months or days)

In this community 35 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

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

(d) Street No. Bland Route 1  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS LAFAYETTE HOLLANDSWORTH

3. (b) If veteran, name war ✓

3. (c) Social Security No. 499-24-6449

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1947 hour 2 minute 10 P.M.

4. Sex Male 5. Color or race 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  
(Day) (Year)

7. Birth date of deceased: December 16 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 26 1947 to March 11 1947  
that I last saw him alive on March 10 1947  
and that death occurred on the date and hour stated above.

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

80	2	24	- hr. - min.
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Immediate cause of death: Cerebral apoplexy

Due to Hypertension

Due to \_\_\_\_\_

9. Birthplace Gasconade County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clay Miner

Other conditions: heart & kidney trouble  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William Perry Hollandsworth

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

14. Maiden name Christina Buthren

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 83A

16. (a) Informant Amos Hollandsworth

(b) Address Bland, 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 3 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem. near Owensville

(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 Michael W. Winter

(b) Address Owensville, Mo.

19. (a) 9-14-47 (b) Sanath Mackman  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature C. A. Bunge (M, D. or other) EMD  
Address Bland, Mo. Date signed \_\_\_\_\_

363

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 3-20-47

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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Michael H. N. Winter  
Licensed Embalmer No. 3838  
P. O. Address Dyersville 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.