No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Fitch

State File No. 8640

FILED MAR 21 1947

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 146A

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 5 Minutes (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. Route # 7 Springfield, Mo.
(If rural, give location)

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

If yes, name country

39
0
0
0

3. (a) PRINT FULL NAME Arthur Holland

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora Holland

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 27 (Day) 1876 (Year)

8. AGE: Years 70 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Partick Holland
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Florence DeMore
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs. Nora Holland
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Cleark Creek

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2-18-47 (Date received local registrar) (b) W. E. Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1947 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from Feb 16, 1947, to Feb 16, 1947,
that I last saw him alive on Feb 16, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	12 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

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? (c) Means of injury

23. Signature Max Fitch (M. D. or other) M.D.
Address Springfield Mo Date signed 2-18-47

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(Licensed Embalmer's Statement on Reverse Side)

APR 5 1955

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 Walter E Hamele

Licensed Embalmer No. 3808

P. O. Address Springfield 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.