

S. No. 2
4-5-43
5-17-39
I X36671

State File No.

FILED NOV 22 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

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

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

In this community 3 Weeks
years, months or days

3. (a) PRINT FULL NAME Berry L. Holland

3. (b) If veteran, name war: _____

3. (c) Social Security No. 1

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife: Polena

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: Sept 6 1885
(Month) (Day) (Year)

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

62 0 13 hr. min.

9. Birthplace: Benton Co, Ark
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

12. Name: Berry L. Holland

13. Birthplace: Benton Co, Ark
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Robbins

15. Birthplace: Benton Co, Ark
(City, town, or county) (State or foreign country)

16. (a) Informant: Polena Holland

(b) Address: Mayaville Ark

17. (a) Removed (b) Date thereof: Sept 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mayaville Ark

18. (a) Signature of funeral director: for death

(b) Address: Travette Ark

19. (a) 9-24-47 (b) Polena Holland
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Benton 999

(c) City or town: Mayaville Rural 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/19/47 day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8/29/47 to 9/19/47, 19____; that I last saw him alive on 9/18/47 @ 11:24, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial Failure

Due to auricular Fibrillation

Due to Pulmonary infarct

Other conditions (Include pregnancy within 3 months of death): 05P

Duration

PHYSICIAN

Messages: _____

Autopsy: Gastroenterostomy Clean + well healed

Of autopsy: Acute passive congestion of spleen liver Pulmonary infarct

Underline the cause to which death should be ascribed.

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? _____

While at work? _____ (Specify type of place) (c) Means of injury: 0

(Signature) B. C. ... (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

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 E. R. Pyatt

Licensed Embalmer No. 3211

P. O. Address Siloam Springs, Ark.

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.