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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 20 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town North East Mo Hosp.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 hrs  
(Specify whether)

In this community 3 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Orville Holland

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25  
year 1947 hour 3 minute 7 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning

5. Color of Genials White

6. (a) Single, widowed, married, divorced \_\_\_\_\_

(b) Name of husband or wife William Raymond Holland

6. (c) Age of husband or wife if dead \_\_\_\_\_ years

7. Birth date of deceased: year 1909  
(Month) (Day) (Year)

Due to taking sodium fluoride in a fit of despondency

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>11</u>	<u>23</u>	<u>0</u> min.

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

10. Usual occupation Beautician

11. Industry of business \_\_\_\_\_

MOTHER FATHER { 12. Name John Neal Maxwell

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

14. Maiden name Williamson

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. C. Shannon

(b) Address Portageville Mo.

17. (a) Removal (b) Date thereof 12/27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tenn

18. (a) Signature of funeral director W. H. T. Funeral Parlor

(b) Address Portageville, Missouri

19. (a) 1-12-48 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Dec. 25, 1947

(c) Where did injury occur? Portageville, New Madrid, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at her home in Portageville, Mo.  
(Specify type of place)

While at work? no (c) Means of injury Sodium Fluoride  
(At-Work?) (At-Work?)

23. Signature Henry Caruthers  
(At-Work?) (At-Work?)

Address 5001 Route 1, Cape Girardeau Date signed 1-6-48

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

RECEIVED

FEB 20 1948

APR 11 1948

Health Officer No. 4  
File Number 148-82  
1-19-48

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 *Joseph A. DeLoe*  
*John* Licensed Embalmer No. 488  
P. O. Address *Stagerville 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.