

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 27 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
923 South Fountain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 923 S. Fountain
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Almeda Holland

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Wm. Holland 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 16, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 2 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name Millisa Hamilton

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

16. (a) Informant Wm. Holland

(b) Address 923 S. Fountain, Cape Gir.

17. (a) Burial (b) Date thereof 1/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 1-24-48 (b) C. C. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 15, 1947, to Jan 18, 1948
that I last saw her alive on Jan 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to Senility
Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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? 0

23. Signature [Signature] (M.D. or other) MD
Address 131 N. Ellis St., Cape Girardeau, Mo. Date signed 1-21-48

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
District File Number 148-123
Date Filed 1-26-48

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 William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.