No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 227

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5793

State File No. 1830

Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town Sandy Hook, Mo Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sandy Hook, Mo /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Sandy Hook, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. Sandy Hook, Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank 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 Sophia Holland
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July (Month) 14 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	6	19	hr. min.

9. Birthplace Osage Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Black Smith
11. Industry or business
FATHER
12. Name Williamd Holland
13. Birthplace (City, town, or county) Un Known (State or foreign country) 9
MOTHER
14. Maiden name UnKnown
15. Birthplace (City, town, or county) UnKnown (State or foreign country) 9
16. (a) Informant Stanley W. Cofer /
(b) Address Sandy Hook, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma Cemt
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 2-4-1948 (Date received local registrar) (b) Yada M Snow (Registrar's signature) 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour ? minute ? 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.

	Duration
Immediate cause of death Coronary occlusion	acute
Due to ?	
Due to ?	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

94 P

PHYSICIAN
Underline the cause of 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? (e) Means of injury ?
23. Signature [signature] Coronary (M. D. or other)
Address Tipton Mo Moniteau Co Date signed 2-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/6/48

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

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, 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.