S. No. 2
M—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35385

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 173

1. PLACE OF DEATH:

(a) County VERNON COUNTY

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

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

(d) Length of stay: In hospital or institution 52 DAYS (Specify whether years, months or days)

In this community ~~NEVADA CITY HOSPITAL~~ Many years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON

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

(d) Street No. ROUTE 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RALPH GLENN HOLLAND

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. 445-14-298

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CORA. M.

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased MAY (Month) 21 (Day) 1922 (Year)

8. AGE: Years 26 Months 5 Days 6 If less than one day hr. min.

9. Birthplace BRONAUGH (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name THOMAS ALBERT HOLLAND
13. Birthplace Salina (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name LULA MAUDE HAWKINS
15. Birthplace Lone Mill (City, town, or county) Missouri (State or foreign country)

16. (a) Informant MRS. CORA M. HOLLAND
(b) Address NEVADA, R#3, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 29 1948 (Month) (Day) (Year)

(c) Place: burial or cremation MOORE CEMETARY

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.

19. (a) 11-6-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 27-WED. year 1948 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from AUGUST 10 1948, to OCTOBER 27 1948; that I last saw him alive on OCTOBER 27 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
EMPYEMA (RIGHT)	3 WKS
(PNEUMONIA (LEFT) LOBAR)	48 hrs
Due to SPont. PNEUMATHORAX	6 WKS
Due to UNRESOLVED PNEUMONIA Rt Mid Lobe	3 MOS

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy NONE

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? (e) Means of injury

23. Signature W. M. Allen, M.D. (M.D. or other)

Address Nevada Mo. Date signed 10/30/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-48-1308
Date Filed 11-9-48

NOV 16 1948

JAN 25 1949

NOV 12 1948

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 .....

Licensed Embalmer No. 176

P. O. Address Nevada

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.

State of Missouri } ss.
County of Vernon }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 35 18 1/4
Local Registrar's No. 173

On this 16th day of November, 1946, before me appears L. B. Ferry, of the Ferry Funeral Home, who, upon his oath, states that the original record of ~~birth~~ death for RALPH GLENN HOLLAND, ~~born~~ died October 27, 1946, in the State of Missouri, and which was filed at Nevada on 11-16, 1946, should be corrected as follows:

Item No. 3 (c) should read 445-14-2981

Instead of 445-14-298

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant L. B. Ferry Undertaker Nevada Mo
~~Relationship~~.

Present Address.

Subscribed and sworn to before me this 16th day of November, 1946.

My Commission expires Oct 31, 1949 Kathryn H. Yancey Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36687

S-35385