

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

FILED DEC 13 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1069

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 1309 E. Sunshine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 47 Years (Specify whether years, months or days)

In this community: 47 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

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

(d) Street No.: 1309 E. Sunshine
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: Charles E. Holland

3. (b) If veteran, name war: No

3. (c) Social Security No.: 9

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mattie Holland

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

7. Birth date of deceased: Feb. 16 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>9</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace: Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: Herman-Brownlow Co.

MOTHER FATHER

12. Name: Greene B. Holland

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

14. Maiden name: Jones

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

16. (a) Informant: Mrs. L.A. Wright

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/8/48
(Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 12-11-48 (Date received local registrar) (b) W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1948 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 2 1948 and that death occurred on the date and hour stated above.

that I last saw him alive on Dec 2 1948

Immediate cause of death: Cerebral Hemorrhage

Due to: _____

Due to: adrenals adenomatous

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

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration

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? _____

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

23. Signature: W.D. DeBell (M. D. or other)

Address: Springfield, Mo. Date signed: _____

DEC 7 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 *Walter E. Hamella*.....

Licensed Embalmer No. 3808.....

P. O. Address Springfield, 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.