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

FILED JAN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39351

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 333

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia R-1D. 3
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Boone 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missouri 0
d. STREET ADDRESS (If rural, give location): Route 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Hollan

4. DATE OF DEATH (Month) (Day) (Year): Dec 26 48

5. SEX: M 2
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1-1-1865
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR: Months: Days | IF UNDER 24 HRS.: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.a.

13a. FATHER'S NAME: Levi Holland
13b. MOTHER'S MAIDEN NAME: Martha Dunham
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Edna Hise
ADDRESS: Columbia, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Freezing

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mo.
21c. ~~(CITY, TOWN, OR~~ TOWNSHIP) (COUNTY): Boone (STATE): Mo 10
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 26 48 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C J Ward — Coroner
23b. ADDRESS: Columbia, Mo
23c. DATE SIGNED: 12/28/48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-30-48
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Columbia
24d. LOCATION (City, town, or county) (State): Columbia, Mo.

DATE REC'D BY LOCAL REG.: 12-30-48
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Stuart P. Parker
ADDRESS: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JAN 6 1949
Date Filed

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, ~~only~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Signed Bryan R. Parker

Signed .....
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.