S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6083

State File No. 42150

Registrar's No. 250

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo. "Rural" Marshall Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saline Co. Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 dys (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline 97
(c) City or town: Nelson
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural 1 Mi. North
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: Emmett Mervin Holland
3. (b) If veteran, name war: ---
3. (c) Social Security No.: ---

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ---
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: March (Month) 17 (Day) 1881 (Year)

8. AGE: Years 67 | Months 8 | Days 19 | If less than one day: ---- hr. ---- min.

9. Birthplace: Saline Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ---

MOTHER FATHER
12. Name: Sylvester Ward Holland
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Holloway
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Chas. Robert Holland
(b) Address: Nelson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park Cem. Marshall, Mo.
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall, Mo.
19. (a) Dec. 16-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 6 year: 1948 hour: 12 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Nov 26 1948 to Dec 6 1948 that I last saw him alive on Dec 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	12 Days
Due to:	
Due to: Hypertension	3 yrs.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 330

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: [illegible] (M. D. or other)
Address: Marshall Mo. Date signed: 12/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

RECEIVED
District Health Officer No. 8.

District File Number.....

Date Filed 12-21-48

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.