

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1951

0117

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

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 207	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 5 month		c. CITY (If outside corporate limits, write RURAL and give township) Avenue City		0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1105 1/2 Frederick, Ave.				d. STREET ADDRESS (If rural, give location) ---			
3. NAME OF DECEASED (Type or Print) NANCY		a. (First) ANN		c. (Last) HOLLAND		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 8, 1882	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Clinton County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John McClelland		13b. MOTHER'S MAIDEN NAME Bell Livingston		14. NAME OF HUSBAND OR WIFE Wm. H. Holland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. H. Holland - Avenue City, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Could not determine the point of onset. DUE TO (c) Hypertension cardio vascular lesion				INTERVAL BETWEEN ONSET AND DEATH 9 mo 1991	
19a. DATE OF OPERATION 9-20-50		19b. MAJOR FINDINGS OF OPERATION Generalized carcinoma thru out abdomen				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June, 1950 , to Feb. 12, 1951 , that I last saw the deceased alive on Feb. 10, 1951 , and that death occurred at 12-40a m., from the causes and on the date stated above.							
23a. SIGNATURE St. Grant M.D.				23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 2.14.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Clinton County, Missouri	
DATE REC'D BY LOCAL REG. Feb 28, 1951		REGISTRAR'S SIGNATURE Carl C. Cox		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Funeral Home St. Joseph, Missouri			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.