

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1951

State File No. ....

BIRTH NO. ... REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 5-5

1. PLACE OF DEATH a. COUNTY Saline b. CITY Rural-Marshall-Twp. c. LENGTH OF STAY 9 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mi. W. Marshall

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Saline c. CITY Rural-Marshall-Twp. d. STREET ADDRESS 2 Mi. W. Marshall

3. NAME OF DECEASED a. (First) GEORGIA b. (Middle) BELL c. (Last) HOLLAND 4. DATE OF DEATH (Month) (Day) (Year) Mch. 2 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Feb. 3, 1875 9. AGE (In years last birthday) 76

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Herndon 13b. MOTHER'S MAIDEN NAME Thirzah Clark 14. NAME OF HUSBAND OR WIFE L. W. Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME L. W. Holland ADDRESS Marshall, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 year 156 A 2 yrs.

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

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7-50, to 2-2, 19-51, that I last saw the deceased alive on 2-2-51, and that death occurred at 6:15A m., from the causes and on the date stated above.

23a. SIGNATURE K. E. Hansen M.D. (Doctor or title) 23b. ADDRESS Marshall, Mo. 23c. DATE SIGNED 3-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 5, 1951 24c. NAME OF CEMETERY OR CREMATORY Okla. Church Cem. 24d. LOCATION (City, town, or county) (State) Osage Co., Mo.

DATE REC'D BY LOCAL REG. Mar 3-1951 REGISTRAR'S SIGNATURE Sidney T. Gray 385 25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger ADDRESS Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

970

**RECEIVED** 3-5-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number -----  
Date Filed 3-5-51-----

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**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-----

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

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.