

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6818

State File No.

FILED MAR 5 1946

Registration District No. 29

Primary Registration District No. 3057

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: more life In hospital or institution (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 526 E. Lexington St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Edwin Holland

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Holland 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. 7 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Edward P. Holland
13. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Sahbel
15. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Seward
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Mar. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Pleasant Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.

19. (a) Mar 1-46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 1946
year hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Feb 26 to Feb 27 1946
that I last saw him alive on Feb 26 and that death occurred on the date and hour stated above. Duration 24

Immediate cause of death Acute Dilatation

Due to _____

Due to Carcinoma Gall

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 53

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) _____

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 [Signature] (M. D. or other) _____
Address [Address]

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

89

5769

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, ~~###~~.....
..... Registered Apprentice No.
working under my personal supervision.

Signed *[Handwritten Signature]*.....

..... Licensed Embalmer No. 2073.....

P. O. Address Richmond, 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.