

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 383

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Chapel Twp.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 41 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Mtn. View, Mo. Rt. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ida Francis Holden

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ransom B. Holden 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb 11, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 26
year 1939 hour 12 minute 30 M.
21. I hereby certify that I attended the deceased from Dec 16, 1938 to Dec 26, 1938
that I last saw her alive on December 17, 1938
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Thyroid
Duration _____

8. AGE: Years 61 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Carthage, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Roush
13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Cunningham
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. B. Holden
(b) Address Mtn. View, Mo.

17. (a) Burial (b) Date thereof Dec 28, '39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Hill Cem, Mtn View

18. (a) Signature of funeral director J. B. Stouffburgh
(b) Address West Plains, Mo.

19. (a) _____ (b) D. W. Pennington
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) no
(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? _____

34. While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature P. E. Ferrell (M. D. or other) _____
Address Mtn. View, Mo. Date signed 12-28-39

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.

RECEIVED

District Health Officer No. 5,

District File Number 140117

Date Filed 11 24 60

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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, above space should be left blank.