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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12704

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 136

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

1. PLACE OF DEATH:
(a) County Cape Girardeau Mo
(b) City or town Cape Girardeau
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution: none
In this community all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ollie Holand
3. (b) If veteran, name war.
3. (c) Social Security No.

4. Sex Female 5. Color or Face W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: 24 years
7. Birth date of deceased: Aug 24 1885 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife
11. Industry or business: none

MOTHER FATHER
12. Name C. G. Davenport
13. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
14. Maiden name Ruth Pierce
15. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Harvey
(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof 4-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. B. Howell
(b) Address Cape Girardeau

19. (a) 4-23-1947 (Date received local registrar) (b) G. C. Summers (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Cape Girardeau
(c) City or town Cape Girardeau Mo
(d) Street No. 903 S. Pacific
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/11 to 4/13 1947 that I last saw him alive on 4/13/47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Disease

Other conditions: (Include pregnancy within 3 months of death)
Major findings: 94A
Of autopsy:

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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature of physician J. B. Howell (M. D. or other)
Address Cape Girardeau Mo Date signed 4/24/47

RECEIVED

Sanitary Health Officer No. 4
District File Number 447-579
Date Filed 4-28-47

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 W. H. Estus

-- Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

Sanitary
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.