

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME HATTIE E. HOLLINGER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John R. Hollinger

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased December 24 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Gasper Co. Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Gasper Holm

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Wagoner

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Yes, Hollinger

(b) Address Knob Lick, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Nov. 5 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Knob Lick, Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) 11-5-46
(Date received local registrar)

(b) Esther Rudloff
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. St. Francois Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1946 hour 9:00 minute - A. M.

21. I hereby certify that I attended the deceased from Nov. 2, 1946 to Nov. 3, 1946
that I last saw her alive on Nov. 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Arteriosclerotic heart disease & congestive failure

Due to General arteriosclerosis

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

Major findings: _____

Of operations _____

Of autopsy 101

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature F. Richard Crunk (M. D. or other) M. D.

Address Farmington, Mo. Date signed Nov 5 1946

RECEIVED

District Health Officer No. 4
District File Number 1146-2858
Date Filed 11-12-46

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 Paul Dugal
Licensed Embalmer No. 4120
P. O. Address Lansington 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.