

REC'D OCT 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32773

Registration District No. 655

Primary Registration District No. 5872

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Holland (Virginia)
(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: In hospital or institution 2
(Specify whether
In this community 4 yrs.
years, months or days) (Specify whether

3. (a) PRINT FULL NAME Lothie James

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased 6 26 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 2 5 hr. min.

9. Birthplace Coffeyville, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business
12. Name Berry Ward 1
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Armstrong
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie J. Coleman
(b) Address Holland, Mo

17. (a) Burial (b) Date thereof 9-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sturgeon Lake
18. (c) Signature of funeral director J. R. German
(b) Address Steele

19. (a) 1072 1/2 (b) L. P. Ottumre
(Date or city of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1
year 1940 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 8-24-40
9-1-40 19 to 19
that I last saw her alive on 9-1- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration
causing paralysis of
Right Side
Due to Idiopathic

Due to
Other conditions (Include pregnancy within 3 months of death) 24

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)
(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?

507
While at work? (Specify type of place)
(e) Means of injury
23. Signature D. C. McLean (M. D. or other)
Address Holland Mo Date signed

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

10-40-26

R.C. McLean

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.....

Licensed Embalmer No.....

P. O. Address.....

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.