

Registration District No. **692**

Primary Registration District No. **5919B**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Platte**
(b) City or town **Dearborn, Mo. Rural**
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **3 yrs. 8 mo. 15 dys.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**
(c) City or town **Dearborn, Mo. Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **None**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **John Thomas Hollar**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **NO** years

7. Birth date of deceased **March 2 1937**
(Month) (Day) (Year)

8. AGE: Years **3** Months **8** Days **15** If less than one day hr. min.

9. Birthplace **Platte Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Thomas W. Hollar**
13. Birthplace **Kentucky**
14. Maiden name **Helen Elizabeth Davis**
15. Birthplace **Buchanan Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas W. Hollar**

(b) Address **Dearborn, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 19, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cer.**

18. (a) Signature of funeral director **William Davis**

(b) Address **Dearborn, Missouri**

19. (a) **Nov 19 1940** (b) **M. J. Moore**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **17th.**
year **1940** hour **3** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Nov 17 1940**, to **Nov 17 1940**
that I last saw **him** alive on **Nov 17 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **drowning**
falling in to a pond
while ice breaking under feet
Due to _____
Due to _____

Duration
11/17/40

Other conditions **No**
(Include pregnancy within 3 months of death)

Major findings: **None made**

Of operations _____
Of autopsy **NO**

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) **Accident**
(b) Date of occurrence **Nov 17 30M 1940**
(c) Where did injury occur? **in pond**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm in pond
(Specify type of place) (e) Means of injury **drowning**

23. Signature **M. J. Moore** (M. D. or other) _____
Address **Dearborn, Mo** Date signed **11/17/40**

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

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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 Lucian Davis

Licensed Embalmer No. 4168

P. O. Address Seaborn rd.

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.