

S. N. 1-1 5-1-33 X28330

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28416

State File No. \_\_\_\_\_

FILED SEP 17 1942  
8-6-2 35-6

Registration District No. \_\_\_\_\_

Primary Registration District No. 6210

Registrar's No. 16

1. PLACE OF DEATH:

(a) County TEXAS  
(b) City or town RURAL UPTON  
(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 \_\_\_\_\_ (Specify whether)  
In this community 44 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEAR TURLEY, MO  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANCY MELVINE HOLLENBECK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife SANFORD M. HOLLENBECK  
6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased JAN. 1857  
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace TEXAS CO. MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name DENNIS REARDON  
13. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)  
14. Maiden name LUIZA C. ORNSBY  
15. Birthplace TEXAS CO. MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES ELMORE

(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 5/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY

18. (a) Signature of funeral director Bayford V. Elliott

(b) Address HOUSTON, MO

19. (a) 5/28/42 (b) Mrs. Ella Duff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17  
1942 year 6 hour \_\_\_\_\_ minute P.M.

21. I hereby certify that I attended the deceased from APRIL 19 1942 to MAY 17 1942  
that I last saw her alive on APR. 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to SENILITY

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 940

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? \_\_\_\_\_

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

23. Signature M. D. O. (M. D. or other) \_\_\_\_\_

Address HOUSTON, MO Date signed 5-19

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

5-21-42 1240

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number

942789

Date Filed

9-11-42

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

Frank E. Hood

Licensed Embalmer No.

4026

P. O. Address

Houston, 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.