

call 742.

Dr. Holand  
25307  
Do not use this space.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

AUG 4 1938

1. PLACE OF DEATH

(a) County Greene Registration District No. 315  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 532  
(c) City Springfield Mo. Street No. 234 W. State St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 234 W. State St.  \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27-1858  
7. AGE YEARS 80 MONTHS 2 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blountington, Illinois  
13. NAME John R. Haldeman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
15. MAIDEN NAME Margaret Mason  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Marnie Peer, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazenwood Mt. DATE July 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Schmeier, Springfield, Mo.

20. FILED July 18, 1938 Chas. H. George, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1938

22. I HEREBY CERTIFY That I attended deceased from May 8, 1938 to July 5, 1938  
I last saw her alive on July 5, 1938 Death is said to have occurred on the date stated above, at 8 a.m.  
The principal cause of death and related causes of importance were as follows:

Senility  
Cerebral Hemorrhage  
82 W  
Other contributory causes of importance as stated above

Name of operation Senility Date of \_\_\_\_\_  
What test confirmed diagnosis? Observation Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_ (Signed) George L. J. Landers, M.D. (Address) 818 Landers Bldg

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

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.**