

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17189

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1886
 (c) City Kansas City, Mo. (d) Street No. Trinity Lutheran Hospital 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

H. Edwin Holaday 430
 (a) Residence, No. 2916 Cissna, K.C. Kansas St. Kansas City, Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Essie Holaday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1898

7. AGE YEARS 39 MONTHS 7 DAYS 5 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Healey Ford Motor Company
 10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OhioFATHER 13. NAME Dr. Harry Holaday14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't knowMOTHER 15. MAIDEN NAME Eslie Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) Mrs. Essie Holaday
2916 Cissna, K.C. Kansas18. BURIAL, CREMATION, OR REMOVAL K.C.PLACE Memorial Park, Ka. DATE May 5, 193819. FUNERAL DIRECTOR (ADDRESS) H. V. Lindsey & Sons
3811 Broadway20. FILED 5-5 19 38 M. M. M. M. M.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/26/38, 1938, to 5/2, 1938
 I last saw him alive on 5/2, 1938 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

acute + chronic nephritis Date of onset ?
Bright's Disease with uremia + aneurysm hypertension
 121

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Blood Chem. etc. Was there an autopsy? yes

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) Chester L. Young M. D.(Address) Brotherhood Bldg. K.C. Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)