

REC'D JUL 12 1938

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

20896  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson(b) Township Jaw(c) City Kansas CityRegistration District No. 399Primary Registration District No. 1002(d) Street No. 2539 Hoodland Registered No. 2346 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Nicies Holliman 455(a) Residence, No. 2539 Hoodland St.  (If nonresident, give city or town and State)

(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 Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Holliman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 18747. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 3 68. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Tennessee13. NAME Bolden Green14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk15. MAIDEN NAME Grace Unk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) Allen Holliman  
2539 Hoodland18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6/10 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Hatkins Bros  
4729 Audie20. FILED June 10 1938 M. W. Cross  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7 193822. I HEREBY CERTIFY, That I attended deceased from May 12 - 1938, to June 7 - 1938I last saw him alive on June 7 - 1938 Death is saidto have occurred on the date stated above, at 3 P. m.

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

Date of onset

Cardiac Decompensationarter + renalInsufficiency

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? opsy 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 + 1938Where 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?

If so, specify L. W. Barker M. D.(Signed) L. W. Barker(Address) 2028 - Vine St.

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,

*T. B. Watkins*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*T. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

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.