

DECEASED AUG 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24320
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 920 Forest 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.

Registered No. 2825

2. PRINT FULL NAME

John R. Hollingsworth
 (a) Residence, No. 920 Forest 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 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. Lula Hollingsworth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 15 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1936 to 7/12, 1938
 I last saw him alive on 7/10, 1938 Death is said to have occurred on the date stated above, at 10 P. m.

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

Coronary occlusion
 Date of onset 7/10

Other contributory causes of importance:

chronic myo carditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? 6225
 If so, specify W.R. Russell, M. D.
 (Signed) _____ (Address) 3231 - E 11 st.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME No record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
 15. MAIDEN NAME No record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
 17. INFORMANT Mrs. Lula Hollingsworth (Wife)
 (ADDRESS) 920 Forest, Kansas City, Mo.
 18. BURNING PERMITS OR REMOVAL PLACE Golden City, Mo. DATE July 14, 1938
 19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) Kansas City, Missouri
 20. FILED 7-13, 1938 M. M. Crowe, cash.
 Local Registrar.

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.

9011
S.M.A.
1000

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.