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

28832
Do not use this space.

REC'D SEP 15 1939

1. PLACE OF DEATH
(a) County Cass 2 Registration District No. 156
(b) Township 1 Primary Registration District No. 4090 Registered No. 47
or
(c) City Harrisonville (d) Street No. ..... 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 Matilda L. Holloway
(a) Residence, No. 802-W. Mechanic St. ☐
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gilbert Holloway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15 - 1860
7. AGE: YEARS 79 MONTHS — DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home Maker
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): Missouri

FATHER
13. NAME: Littleton Jeter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): M. G. Holloway Harrisonville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Pleasant Ridge DATE: 8/26, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Runnenburgers Harrisonville Mo
20. FILED: 8/26, 1939 E. Wensley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from 8.23.39, 1939, to 8.23.39, 19..... I last saw her alive on 8.23.39, 19..... Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute heart - sudden death	
92 h	

Other contributory causes of importance:
Severe Mitral Deficiency, Cardiac hypertrophy, Senility, Kidney disease

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? .....
If so, specify .....
(Signed) E. Wensley M.D., M. D.
945 (Address) Harrisonville, Mo

Dr. [illegible] (Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rinnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.