

SEP 21 1939

Registration District No. 629

Primary Registration District No. 4363

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 100

8. (a) PRINT FULL NAME Charles Nolan Holloway

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 18 1939  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Neosho Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Lorjan

11. Industry or business \_\_\_\_\_

12. Name Orville Holloway

13. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

14. Maiden name Velva Alexander

15. Birthplace KANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Orville Holloway

(b) Address Neosho Missouri

17. (a) BURIAL (b) Date thereof Aug 22 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballast Cemetery

18. (a) Signature of funeral director Charles Ogden

(b) Address Neosho Mo  
19. (a) 9-5-39 (b) Orville R. Holloway  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Neosho  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 4 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1939 hour 6 minute 0 = M.

21. I hereby certify that I attended the deceased from Birth  
19\_\_\_\_, to Aug 21, 1939;

that I last saw him alive on Aug 15, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. R. Reynolds (M. D. or other) \_\_\_\_\_

Address Neosho Mo Date signed 9/1-39

**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.....

.....  
working under my personal supervision.

*Not embalmed*

Registered Apprentice No.....

Signed.....

*[Handwritten Signature]*

Licensed Embalmer No.....

*2689*

P. O. Address.....

*[Handwritten Address]*

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

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