

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

42976
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau 2 Registration District No. 125
 (b) Township 1 Primary Registration District No. 3009 Registered No. 125
 (c) City 1 (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 INFANT HOLLOWAY
 (a) Residence, No. 222 N. SPRIGG ST. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-5-1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Cape Girardeau Missouri

FATHER 13. NAME Herbert Holloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo Mo.

MOTHER 15. MAIDEN NAME Fern Kingon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delta Mo.

17. INFORMANT (ADDRESS) Mrs. Oeta Kingon Cape Girardeau

18. BURIAL, CREMATION OR REMOVAL PLACE Farmant Cem. DATE 12-5-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthers Funeral Home 260 N. Middle 121

20. FILED 12-5-1939 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1939
 22. HEREBY CERTIFY, That I attended deceased from December 5, 1939 to December 5, 1939
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Stillborn

Date of onset Dec 5-39

Other contributory causes of importance:
Detached Cord and Placental Infarcts
 Name of operation None Date of _____
 What test confirmed diagnosis? clinical 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? No.
 If so, specify _____
 (Signed) William J. Oehlert, M. D.
 (Address) 234 N. Middle St. Cape Girardeau, Mo.

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.

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.