

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3485

Registration District No. 735

Primary Registration District No. 3834

Registrar's No. 248

JAN 29 1940

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
314 Union
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 314 Union
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Willie J. Holloway 1450
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 6th
 year 1940 hour 2 minute 00 a.m.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John H. Holloway 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 10th 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1940 to Jan 6 1940
 that I last saw her alive on Jan 6 1940
 and that death occurred on the date and hour stated above.

8. AGE: Year 75 Months 11 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Valvular Heart Dis. Duration 50
Not known

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

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation at home

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name Joseph Dail
 { 18. Birthplace Ill.
 { 14. Maiden name Elizabeth Starks
 { 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature John A. Holloway
 (b) Address Moberly Mo

17. (a) _____ (b) Date thereof Jan. 8th 1940
 (Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial Moberly Mo

18. (a) Signature of funeral director Mason and Son
 (b) Address Moberly Mo

19. (a) Jan 8-1940 (b) Paul Williams
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature C. Smith (M. D. or other) _____
 Address Moberly, Mo. Date signed 1-8-1940

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.....

Frank D. Witt

Licensed Embalmer No. *3021*

P. O. Address.....

Moberly, Mo.

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.