

FILED MAR 11 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**General Hospital No. 2.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1-24-40-2-8-40**  
(Specify whether  
In this community **60 years**  
years, months or days)

8. (a) PRINT FULL NAME **Marshall Holloway**

8. (b) If veteran, name war **None**  
8. (c) Social Security No. **496-10-7177**

4. Sex **Male**  
5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ella Holloway**  
6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **February 5, 1869**  
(Month) (Day) (Year)

8. AGE: Years **71** Months \_\_\_\_\_ Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Liberty Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

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

12. Name **Thomas Holloway**

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

14. Maiden name **American**

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

16. (a) Informant's own signature **Record Clerk**

(b) Address **General Hospital #2**

17. (a) \_\_\_\_\_ (b) Date thereof **2-12-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **H. H. Brown**

(b) Address **1729 Lydia**

19. (a) **Feb. 12, 1940** (Date received local registrar)  
**M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **818 E. 10th St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **8**  
year **40** hour **8** minute **35** P.M.

21. I hereby certify that I attended the deceased from **1-24-**, 19 **40**, to **2-8-**, 19 **40**

that I last saw him alive on **2-8-**, 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Benign Enlargement of the Prostate Gland.**

Due to **Chronic Nephritis.**

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

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

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. O. Brown** (M. D. or other)

Address **General Hospital #2** Date signed **2-10-40**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 *Isaac Jerome Maxlowe*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

**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.**