DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5611

State File No. 836

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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: 1415 East 17th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1415 East 17 St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Holley 400

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 17 (Day) 1885 (Year)

8. AGE: Years 54 Months 11 Days — If less than one day hr. min.

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

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name Frank Holley
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Jennie Lamb
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant's own signature Mable Hutchinson

(b) Address 1915 1/2 Brooklyn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director West, Appleton & Jones City

(b) Address

19. (a) Feb. 24, 1940 (Date received local registrar) (b) McGraine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 year 1940 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from February 19 to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Pulmonary Edema

Generalized Anasarca

Due to Hypertensive Myocarditis

Due to 93D

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell W. Kerr (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

REV. 5-17-39 1 X19511

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. 2710

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.