S. No. 2
—11-10-39
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9655

State File No.

FILED APR 12 1940

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1089

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

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: 2
4439 Highland Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 21 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Bernice Sechrest Holloman 62

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. John P. Holloman

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September (Month) 20 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
43	5	18	hr. min.

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

10. Usual occupation Housewife

11. Industry or business ------

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

MOTHER
14. Maiden name Phoebe Bennett
15. Birthplace Troy (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John P. Holloman
(b) Address 4439 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director H. Vernon Hall

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 9, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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. 4439 Highland Street.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour 11 minute 20 A. M.

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

Immediate cause of death

Due to Gunshot wound of head

Due to 167

Duration

Contributory causes (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) Suicide

(b) Date of occurrence 3-8-40 @ 11:20 A.M.

(c) Where did injury occur? K.C. Mo (City or town) (County) (State)

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

(e) While at work? (Specify) (Means of injury)

23. Signature (M. D. or other) [illegible]

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address K. C. 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.