

FILED APP 22 1940 B 18  
Registration District No. 18

Primary Registration District No. 2001

39  
3  
6

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

1. PLACE OF DEATH

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME John Henry Holloman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of Colored 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER  
12. Name unknown  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant W. P. Campbell  
(b) Address 867 Wash Ave

17. (a) Buried (b) Date thereof Mar 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem

18. (a) Signature of funeral director W. P. Campbell

(b) Address 867 Wash Ave

19. (a) 3/20/40 (b) Chas. J. George  
(Delivered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2341 Ramey St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16  
year 1940 hour 4 minute p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him dead alive on March 16, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock following crushing injury Rt foot.  
Due to Fed to Miss Pt. of way  
Due to by unknown automobile.  
Other conditions in Springfield Mo  
(Include pregnancy within 3 months of death)

Duration

3/17/40

Major findings: \_\_\_\_\_  
Of operations 175 ft  
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) Homicide  
(b) Date of occurrence 3/14/40

(c) Where did injury occur? Springfield Greene Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Missus Right of way

(Specify type of place) \_\_\_\_\_  
While at work? No (e) Means of injury \_\_\_\_\_

23. Signature R. M. White (M. D. or other) MD  
Address Courser Greene County Date signed 3/18/40

OCT 25 1948

DEC 4 1958

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

*H. Campbell*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *H. Campbell*

Licensed Embalmer No. *11747*

P. O. Address *Springfield*

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.