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MAILED MAY 17 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14751

State File No.

Registration District No. 220

Primary Registration District No. 4150

Registrar's No. 8

I. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Gallatin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 18 Years  
years, months or days)

3. (a) PRINT FULL NAME Thomas Jefferson Holloway <sup>400</sup>

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

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

6. (b) Name of husband or wife Pinkie Holloway 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 24 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 4 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation Blacksmith

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

MOTHER FATHER { 12. Name Jefferson Holloway

18. Birthplace Daviess County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Jacobs

15. Birthplace Richmond Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pinkie Holloway

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 4-21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Hope Thurn & Hud. Co.

(b) Address Gallatin, Missouri

19. (a) April 18-40 (b) H. H. Hope  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1940 hour About 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb.  
1940, to April 17, 1940  
that I last saw him alive on April 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to Impaction Bowel  
Other conditions 93 C  
(Include pregnancy within 3 months of death)

Duration  
6 mo  
5 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? 227

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Edward E. Nelson (M. D. or other) 2150  
Address Gallatin, MO Date signed 4-18-40

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

RECEIVED  
District Health Officer No. 111  
District File Number 540-757  
Date Filed MAY 16 1940

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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

*L. O. Richesson*

Licensed Embalmer No. 2302

P. O. Address Gallatin, 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.