

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **964**

1. PLACE OF DEATH:

(a) County **BUCHANAN**
(b) City or town **ST-JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1110 No 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **ABT 40 YRS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUCHANAN**
(c) City or town **ST-JOSEPH**
(If outside city or town limits, write "RURAL")
(d) Street No. **1110 No 11**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **ELIZABETH-HOLLEY**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **2nd**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **A. E. Holley** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **Feb 15 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **17** If less than one day hr. min.

9. Birthplace **Knoville** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Miss John W. Peoples**

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

14. Maiden name **Miss**

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

16. (a) Informant **A. E. Holley**

(b) Address **1110 N. 4 St Joseph Mo**

17. (a) **burial** (b) Date thereof **Sept 5 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **not more correct**

18. (a) Signature of funeral director **Ray Stamey**

(b) Address **St Joseph Mo**

19. (a) **Sept 4 1940** (b) **Ray Stamey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **2** year **1940** hour **12** minute **45 P** M.

21. I hereby certify that I attended the deceased from **Sept 2 - 1940** to **Sept 2nd 1940**
that I last saw him alive on **Sept 2nd 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Aortic thrombosis (Heart Block)** Duration

Due to **Aortic thrombosis**

Due to **92a**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **none**

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?

(e) While at work? (Specify type of place)

(f) Means of injury

23. Signature **W. Stamey** (M. D. or other) **MD**
Address **2634 St Joseph Ave** Date signed **9-4-40**

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

MOTHER FATHER

OCT 28 1944

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.....

John H. Hurley

Registered Apprentice No.

working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address *St Joseph, 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.