No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 1 ^ 1940
Registration District No. 599

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34491
Registrar's No. 4007

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Conley Clinical Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 15 min. (Specify whether
In this community 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. 738 N. Kansas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jackie Ray Holler
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife XXXXXXXX
6. (c) Age of husband or wife if alive XXX XXXX years
7. Birth date of deceased 9 (Month) 29 (Day) 1940 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	18	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation None 0
11. Industry or business None 0
FATHER
12. Name William J. Holler
13. Birthplace Bagnell (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Grace May Long
15. Birthplace Crocker (City, town, or county) Missouri (State or foreign country)
16. (a) Informant William J Holler
(b) Address 738 N. Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 19 - 40 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Church Cemetery
18. (a) Signature of funeral director [signature]
(b) Address 815 W. Maple Ave. Independence, Mo.
19. (a) 10-18-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17-40
year hour minute 12 55 p M.
21. I hereby certify that I attended the deceased from 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Congenital Heart Disease
Due to Tetrology of Falot
Due to
Other conditions (Include pregnancy within 3 months of death) 1572
Major findings:
Of operations
Of autopsy

Duration

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 5
23. Signature [signature] (M. D. or other)
Address [signature] 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 ....

Licensed Embalmer No. 3181

P. O. Address Independence 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, fact should be so stated above.