

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **K.C. Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
435 Topping
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
(Specify whether
In this community **18 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Mrs Margaret Holloway**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **F**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **2 Widow**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **Nov 14 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **12** Days **28**
If less than one day, hr. min.

9. Birthplace **Red River Co Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER
12. Name **No Data**
13. Birthplace **No Data**
(City, town, or county) (State or foreign country)
14. Maiden name **Emaline Watham**
15. Birthplace **No Data**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.P. Oberlin**
(b) Address **Emporia Kans**

17. (a) **Burial** (b) Date thereof **Jan 18 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem KCR**

18. (a) Signature of funeral director **Simmons**
(b) Address **K.C.K.**

19. (a) **Jan 16 1941** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wy**
(c) City or town **Kansas City Kas.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3509 Silver Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **999** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan 15**
year **1941** hour **9** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **Jan 30**
1940 to **Jan 15** **1941**
that I last saw **her** alive on **Jan 15** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
carcinoma of pancreas
Due to
Due to **460g**
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy **none**
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?

While at work? (Specify type of place) (e) Means of injury **D**

23. Signature **L. A. Fisher** (M. D. or other)
Address **Kans lastly Kans** Date signed **1-16-41**

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

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.....

H. Simonson

Licensed Embalmer No.

3903

P. O. Address.....

R. C. K.

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.