

MAR 20 1946 25 -
Registration District No. _____

Primary Registration District No. 3031

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
Maryville
(c) City or town _____
(If outside city or town limits write "RURAL")
409 W. 5th.
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Elizabeth Lee Holliday

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Orlando B. I 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 1, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Phillip Lee
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Nancy Cunion
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Frances Holliday
(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof Feb. 14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carrolton, Mo.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Mo.

19. (a) 2-14-46 (b) Thomas E. Chardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1946 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan _____, 1946, to Feb 13, 1946 that I last saw her alive on Feb 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Epidemic Influenza

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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? 556 (Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature J. Blumer (M. D. or other) _____ Address Maryville Mo Date signed 2/13/46

Duration

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Mayville N

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.