FILLED JUN 13 1941

U. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19139

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 90

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

37
1
2

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 13 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 37

(c) City or town Marshall Mo 1 (If outside city or town limits, write "RURAL")

(d) Street No. 456 Morgan 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lillie Mae Holloway

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

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

6. (b) Name of husband or wife M. S. 6. (c) Age of husband or ~~wife~~ if alive 48 years

7. Birth date of deceased July-29-1896 (Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Wm F. Arbogast
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Stallsworth
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant M. S. Holloway

(b) Address Marshall Mo 456 Morgan

17. (a) Slater Mo (Burial, cremation, or removal) (b) Date thereof May 19 41 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Jones & Salzer

(b) Address Slater Mo.

19. (a) 5-18-41 (Date received local registrar) (b) Mary Kent Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 17 day 1941 year 1941 hour 5 30 a.m. minute M.

21. I hereby certify that I attended the deceased from Jan 1940, 19, to May 16, 1941; that I last saw her alive on May 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 1/2 (Specify type of place)

While at work? (e) Means of injury

23. Signature G. C. Emmerson (M. D. or other) 0

Address Marshall Mo Date signed 5-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-12-41
Date Filed

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 Herman Dolza

Licensed Embalmer No. 1851

P. O. Address Slater 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.