S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34276

Registration District No. 73 — Primary Registration District No. 3006 — Registrar's No. 266

1. PLACE OF DEATH:

(a) County: BOONE

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

(c) Name of hospital or institution: 203 WATER ST / (If not in hospital or institution, write street number or location)

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

In this community 11 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia (If outside city or town limits, write "RURAL")

(d) Street No.: 203 Water St. (If rural, give location)

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

3. (a) PRINT FULL NAME: CAROLYNE ANN HOLLIDAY

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

4. Sex: Female 31 5. Color or race: negro 6. (a) Single, widowed, married, divorced: ( )

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: 9 - 20 - 1941 (Month) (Day) (Year)

8. AGE: Years ____ Months ____ Days 11 If less than one day ____ hr. ____ min.

9. Birthplace: COLUMBIA (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: ____

11. Industry or business: ____

FATHER
12. Name: JOHN ROY HOLLIDAY
13. Birthplace: MONROE Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ANNA WASHINGTON
15. Birthplace: COLUMBIA (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: John Holiday
(b) Address: Columbia Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-2-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEMETARY

18. (a) Signature of funeral director: Stuart P. Parker
(b) Address: Columbia Missouri

19. (a) 10/2/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1 year 1941 hour 4 minute 45 a M.

21. I hereby certify that I attended the deceased from Sept 24 24, 1941, to Oct 1, 1941; that I last saw her alive on Sept 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Baby was delivered with forceps and never did nurse & did not eat well when fed with dropper

Due to: Apparently Cerebral Injury

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

160 C

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 ____

23. Signature: A W Kampschmidt (M. D. or other) O
Address: Columbia, Mo Date signed 10-2-41

(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 not embalmed ~~by me, or by~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Elmos P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.