

No. 2
4-13-40
-17-39
K23159

JAN 24 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4527

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

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town Kansas City
 (c) Name of hospital or institution: K.C. General Hosp #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Weeks
 In this community 30 Years 0
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3946 Central Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 10 years.

3. (a) PRINT FULL NAME LOUISE HOLLER
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 6
 year 1941 hour 10 minute 40 A.M.

4. Sex F | 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Mr. Clifford Holler
 6. (c) Age of husband or wife if alive ----- years

21. I hereby certify that I attended the deceased from 11-11-41 to 12-6-41
 that I last saw her alive on 12-6- 1941
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: February Unknown
 (Month) (Day) (Year)
 8. AGE: Years 65 Months ? Days ? If less than one day hr. min.

Immediate cause of death Cachexia
 Due to CA Clinic 480
 Due to _____

9. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Tom S Rawlings
 (b) Address 5431 Balmirake
 17. (a) Cremation (b) Date thereof Dec 7, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation D. W. Newcomer's Sons
 18. (a) Signature of funeral director D. W. Newcomer, Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) Dec 7, 1941 (b) M. M. Crow
 (Date received local registrar) (Registrar's signature)

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 Andy R. Thone (M. D. or other)
 Address _____ Date signed _____

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address T. C. 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.