

FILED FEB 6 8 49 1942

1. PLACE OF DEATH:
(a) County: **Butler**
(b) City or town: **Poplar Bluff**
(c) Name of hospital or institution: **R.F.D. #5-1**
(d) Length of stay: In hospital or institution: _____
In this community: **11 yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Mo.** (b) County: **Butler**
(c) City or town: **Poplar Bluff**
(d) Street No.: **R.F.D. #5**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME: **Lydia Adela Holliday**
3. (b) If veteran, name war: **no**
3. (c) Social Security No.: **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **2**
year **1942** hour **3:00** minute **A.M.**

4. Sex: **F** 5. Color or race: **w**
6. (b) Name of husband or wife: **Carl Holliday**
7. Birth date of deceased: **Dec. 18, 1894**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
47 **1** **15** hr. _____ min.

Immediate cause of death: **Acute indigestion**
Due to: **Gastro intestinal disturbance**

9. Birthplace: **Wayne Co. Mo.**

Due to: **objective and subjective symptoms**

10. Usual occupation: **Housewife**

Other conditions: _____
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business: _____
12. Name: **Lou Meloy**
13. Birthplace: **Springfield Mo.**
14. Maiden name: **Esther Legans**
15. Birthplace: **Ky.**

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: **Carl Holliday**
(b) Address: **R-5, Poplar Bluff, Mo.**
17. (a) **Burial** (b) Date thereof: **2-3-42**
(c) Place: burial or cremation: **Wayne Co. Mo.**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: **Black's Mortuary**
(b) Address: **Corning Ark.**
19. (a) **2-4-42** (b) **Belle Kune**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury: _____
23. Signature: **Alfred McGraw** (M. D. or other) _____
Address: **Poplar Bluff Mo.** Date signed: **1/9-42**

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

12
7
3

12
3

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

118.3

-6
5-42

FEB 6 1942

FEB 9 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.