

S. No. 2
1-9.4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9659
Registrar's No. 1726

Registration District No. 299

Primary Registration District No. 1002

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

48
83

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1808 Holly
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1808 Holly
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Eva HOLLOWAY.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Holloway

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased February 17th, 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER { 12. Name William J. Tate

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Giles D. Graw

15. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant C.A. Tate.

(b) Address 3231 Prospect Ave.

17. (a) Burial (b) Date thereof 4/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery K.C.K.

18. (a) Signature of funeral director Melody-McGilley

(b) Address K.C. Mo.

19. (a) 4-4-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 21, 1942 to April 2, 1942 that I last saw her alive on Mar 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of body of uterine

Due to Terminal Bronchial pneumonia 2 days

Other conditions: 11/1/42
(Include pregnancy within 3 months of death)

Major findings: 48 R
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? 0

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

23. Signature Carl Jackson (M. D. or other) 370

Address 1103 E. 11th Date signed 4-3-42

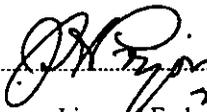
361 (Licensed Embalmer's Statement on Reverse Side)

APR 17 1962

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. 2057

P. O. Address.....
.....
..... KC

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.