

FILED JUL 20 1942

5373

Registration District No. 26

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6/
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community five years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Katherine Holloway

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife R J Holloway 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct 20 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Dixon Ky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business 8

12. Name Barney Disney

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

14. Maiden name Emma Grimes

16. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant B. J. Holloway

(b) Address Salem Mo

17. (a) burial (b) Date thereof Mar 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director Charles Spencer

(b) Address Salem Mo

19. (a) 3-7-42 (b) Joe D. Hebert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1942 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 1-5-42 19, to 3-6-42 19, that I last saw h alive on 2-7-42 19, and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis (non-rheumatic)

Due to chronic nephritis & hypertension

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 _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. D. Hebert (M. D. or other) D.O.

Address Salem, Mo Date signed 3-7-42

1177

RECEIVED

District Health Officer No. 5,

District File Number 442308

Date Filed 7-17-42

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

Carl H. Jensen

Licensed Embalmer No.

9370

P. O. Address

Salina 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.