

33480

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1942

Registration District No. 66

Primary Registration District No. 4117

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Rothville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whetherIn this community 20 years  
years, months or days)8. (a) PRINT FULL NAME Susan Elizabeth Holloway8. (b) If veteran,  
name war -8. (c) Social Security  
No. -4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,  
2 divorced widowed6. (b) Name of husband or wife George Lee Holloway 6. (c) Age of husband or wife if  
alive years7. Birth date of deceased March 22 1866  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
82 6 12 hr. min.9. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

12. Name Jonathan Mauzey18. Birthplace unknown  
(City, town, or county) (State or foreign country)14. Maiden name Mary Jane Smith15. Birthplace va  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Kelly(b) Address Marceline Mo17. (a) Burial (b) Date thereof Oct 5 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rothville Cemetery18. (a) Signature of funeral director James Maughlin(b) Address Marceline Mo19. (a) Oct 6 1942 (b) Ruth Stoner  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3  
year 1942 hour 8 minute 00 A.M.21. I hereby certify that I attended the deceased from Sept 27  
1942 to Oct 3 1942that I last saw alive on Oct 3  
and that death occurred on the date and hour stated above.Immediate cause of death Heart disease - Coronary  
Arteriosclerosis Duration 1942Due to thrombosisDue to 95%Other conditions 95%  
(Include pregnancy within 3 months of death)Major findings:  
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?

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

23. Signature [Signature] (M. D. or other)Address [Address] Date signed 10-6-42

1020 (Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8  
District No. \_\_\_\_\_  
Date Filed \_\_\_\_\_

RECEIVED  
District Health Officer No. 8  
District No. \_\_\_\_\_  
Date Filed 11-9-42

NOV 17 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 Blanche Manglier  
Licensed Embalmer No. 1909  
P. O. Address Marceline 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.