

Registration District No. **48**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Independence San'y Hosp.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 hrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Jackson, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **932 31 E. 9th**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **LARRY WAYNE HOLLISTER**

3. (b) If veteran, name war _____ **3. (c) Social Security** No. **1**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **5**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** alive _____ years

7. Birth date of deceased **Jan 28 1943**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **0** If less than one day **12 hr.** min.

9. Birthplace **Independence, Jackson, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Henry W. Hollister**
13. Birthplace **Herington, Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Eda M. Lindquist**
15. Birthplace **Shafter, Calif.**
(City, town, or county) (State or foreign country)

16. (a) Informant **George W. Hollister**

(b) Address **Herington, Kansas City, Mo.**

17. (a) Burial, cremation, or removal **Removal** **(b) Date thereof** **Jan 29-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Herington, Kansas**

18. (a) Signature of funeral director **Ozzie M. Mathey**

(b) Address **310 N. Main St. Independence, Mo.**

19. (a) Date received local registrar **Jan 29-1943** **(b) Registrar's signature** **James O. Ross**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28** year **1943** hour **7** minute **31 P.M.**

21. I hereby certify that I attended the deceased from **Jan 28** **1943** to **Jan 28** **1943** that I last saw him alive on **Jan 28** **1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Melena Nematotum Sericea** **10 hr**

Due to _____
 Due to **161c**
 Other conditions (include pregnancy within 3 months of death) _____

Major cause of death **Melena Nematotum with severe hemorrhage of colon**
 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 _____
 (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 **James O. Ross** **(M.D. or other)** **no**
Address **Independence, Mo** **Date signed** **Jan 29-1943**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry H Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.