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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 11 1943

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St.Mary's 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47 0

(c) City or town Arcadia 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Fillmore Holloman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Mary Holloman

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

7. Birth date of deceased Sept. (Month) 9 (Day) 1852 (Year)

8. AGE: Years 90 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Arcadia Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Allen W. Holloman
13. Birthplace Rolla (City, town, or county) N.C. 1 (State or foreign country)

MOTHER
14. Maiden name Lucinda Holmes
15. Birthplace Ste.Genevieve Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Miss Jessie Holloman
(b) Address Arcadia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address R. White Ironton Mo.

19. (a) 2-18-43 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1943 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan. 11, 1943, to Feb. 15, 1943,
that I last saw him alive on Feb. 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterial sclerosis, general	10 years
~~Due to~~ Chronic myocarditis	
Chronic nephritis	
~~Due to~~ Multiple superficial abscesses	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 f

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

23. Signature Ben M. Bull (M.D. or other) M.D.
Address Ironton, Mo Date signed 2-18-43

(Licensed Embalmer's Statement on Reverse Side)

..IVED

District Health Officer No. 4

District File Number 343-1924

Date Filed 3-9-43

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Houston Tex.

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.