14762

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 183

1. PLACE OF DEATH:

5 (a) County LINN

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

(c) Name of hospital or institution: 425 GREEN STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 5

(a) State MISSOURI (b) County LINN

(c) City or town 425 GREEN ST (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN C. HOLLAWAY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife LUCY JONES

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

7. Birth date of deceased DEC. 14, 1851 (Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 9 If less than one day hr. min.

9. Birthplace MIAMI, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. B. Hunt

(b) Address BROOKFIELD, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation WAKENDA, MO

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address BROOKFIELD, MO

19. (a) 4-24-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 23 year 1943 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct, 1942, to April, 1943 that I last saw him alive on April 17, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	6 wks
Due to Arteriosclerosis	10 yrs.
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

(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 W B Simpson (M. D. or other) D.O.

Address Brookfield Mo. Date signed 4/24/43

(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.

Rev. [illegible] I X19511

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.....H B Wright.....

Licensed Embalmer No.....3718.....

P. O. Address.....Brookfield, 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.