

ED AUG 2 1949

Registration District No.

Primary Registration District No. 3000

Registrar's No. 2051

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
A. S. O. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Novinger
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. No. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Esther Fern Holloway

3. (b) If veteran, name war. 3. (c) Social Security No. 486-28-9174

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

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

7. Birth date of deceased July 2 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 0 24 hr. min.

9. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

12. Name Leonard L. Douglas

13. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maudie Darr

15. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Douglas

(b) Address Novinger, Mo.

17. (a) Burial (b) Date thereof 7/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratt Cemetery

18. (a) Signature of funeral director See below

(b) Address Kirkville, Mo.

19. (a) 7/27/43 (b) Mrs. J. L. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1943 hour 8:00 minute P: M

21. I hereby certify that I attended the deceased from June 28
1943 to July 26 1943
that I last saw her alive on July 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.

Pulmonary Abscess

Due to Septicemia

Due to Septic Abortion

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 1408

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)

(e) Means of injury

23. Signature John Henry P.O. (Physician or other)

Address Kirkville Date signed 7/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

24
31/43

1049

SEP. 13 1943

AUG 1 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: *DEERLEY*.....

Licensed Embalmer No. *4187*.....

P. O. Address. *Hicksville, N.Y.*.....

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.