

FILED JUL 26 1943 217
Registration District No. _____

Primary Registration District No. 5787

Registrar's No. 47

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RED #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community SEVERAL YEARS (Specify whether
years, months or days) Y

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R#1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME

ROY JOHN HOLLEY

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race 2. COLOR
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Ellen Mae Holley
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased JANUARY 7 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace LEE COUNTY ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER {
12. Name GEORGE HOLLEY
13. Birthplace CAHOMA COUNTY MISS
(City, town, or county) (State or foreign country)
14. Maiden name MARGIE FISOR
15. Birthplace CAHOMA COUNTY MISS
(City, town, or county) (State or foreign country)

16. (a) Informant MAGGIE HOLLEY
(b) Address CHARLESTON MO R#1
17. (a) BURIAL (b) Date thereof 6-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation oak grove - CHARLESTON MO
18. (a) Signature of funeral director John F. ...
(b) Address ...
19. (a) July 1-43 (b) Ms Lou ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from on June 14 1943 to 1943
that I last saw him alive on June 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Calcular endocarditis Duration DK.

Due to Rheumatic fever 1943

Due to _____

Other conditions (Include pregnancy within 3 months of death) 58 lb

Major findings: Of operations None

Of autopsy None

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)

Did injury occur in or about home, on farm, in industrial place, in public place? X
While at work? X (Specify type of place) Means of injury X O

23. Signature Charles ... (M. D. or other)
Address Charleston Mo Date signed 6/16/43

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

6700

RECEIVED

District Health Office No. 2,

District File Number 243-926

Date Filed 7-19-43

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 John F. Nunneler Jr

Licensed Embalmer No. 3857

P. O. Address Charleston, 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.