

FILED JUN 8 1944

Registration District No. 274

Primary Registration District No. 5921

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sweet Springs (Blackwater sup)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sweet Springs Mo. Raut 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sweet Springs Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Raut 2 (Blackwater sup)
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN H HOLLOWAY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 1944 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1944, to 5-31 1944

that I last saw him alive on 3-21 1944; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Alice V Holloway 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 21 1865
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction

Duration 6 yrs

8. AGE: Years 78 Months 7 Days 20 If less than one day hr. min.

Due to arteriosclerosis

Due to hypertension

9. Birthplace Hancock County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business General Farm Work

12. Name John Holloway

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

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? _____

14. Maiden name Mary Jane Crust

15. Birthplace Union County Illinois
(City, town, or county) (State or foreign country)

Physician _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Alice V. Holloway

(b) Address Sweet Springs Mo. Raut 2

17. (a) Burial (b) Date thereof June 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place)

*While at work? _____ Means of injury _____

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director W. H. Holloway

(b) Address Sweet Springs Mo

23. Signature Chas R Parsons (M. D. or other) M.D.

Address Sweet Springs Mo Date signed 5-31-44

19. (a) 5-31-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

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

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1026

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6-7-47

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 Jesset Arvey
Licensed Embalmer No. 2214
P. O. Address Sweet Springs MD

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.