

FILED NOV 14 1944

Registration District No. 177 Primary Registration District No. 1002 Registrar's No. 4381

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
411 SOUTH COLORADO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 42 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 411 SOUTH COLORADO
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN EBER HOLLIDAY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER, day 28TH
year 1944 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Aug 22
1943 to Oct 28, 1944
that I last saw him alive on Oct 28, 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 MRS. NANNIE G. HOLLIDAY

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MAJ 12 1875
(Month) (Day) (Year)

Immediate cause of death General Peritonitis 13hr
Fr. metastases

Due to Primary Carcinoma of Upper third Rectum 15 mo
46 d

Other conditions Obstruction of Intestines
(Include pregnancy within 3 months of death) Obstruction Aug 1943

8. AGE: Years Months Days If less than one day

69 5 16 hr. min.

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

10. Usual occupation RETIRED

11. Industry or business RAILWAYS EXPRESS EMPLOYEE

12. Name HENRY F. HOLLIDAY

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name MARY J. BLACK

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOHN E. HOLLIDAY

(b) Address 411 SOUTH COLORADO

17. (a) BURIAL (b) Date thereof NOV. 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. H. YOUNG

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-31-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

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 F. C. W. W. (M. D. or other) _____
Address 624 Professional Bldg Date signed Oct 30 1944

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

MOTHER FATHER

Prof. Boeg
[Redacted]
[Redacted]

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.....

Oscar Fortney

Licensed Embalmer No. *7167 Mo*

P. O. Address. *716 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.