

S. No. 2
4-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2348

FILED FEB 13 1945 41

State File No. _____

Registration District No. _____

Primary Registration District No. 5550

Registrar's No. 5

6000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newell
(b) City or town Lauton, Mo., Benton Co
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
years, months or days (Specify whether
In this community 5 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newell 46
(c) City or town Lauton
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Barbara Oue Holloway
3. (b) If veteran, L 3. (c) Social Security L
name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 14
year 1945 hour _____ minute 00 a.m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex 7 | 5. Color or race W | 6. (a) Single, 0 divorced, Infant
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Jan 14 - 1945
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death premature birth
Due to Blue baby

8. AGE: Years _____ Months _____ Days _____
If less than one day 5 hrs 5 min.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Lauton, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Infant

11. Industry or business _____
12. Name City Holloway
13. Birthplace Newell Co, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mable Robinson
15. Birthplace Newell Co, Mo. (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?
While at work _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant Mable Robinson
(b) Address Lauton Mo
17. (a) B (b) Date thereof 1/15 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mary Cemetery
18. (a) Signature of funeral director Mable Robinson
(b) Address 1121
19. (a) 1/14-45 (b) Paul Holloway
(Date received local registrar) (Registrar's signature)

23. Signature Paul Holloway (M.D. or other) _____
Address _____ Date signed 1/14/45

RECEIVED

District Health Officer No 5,

District File Number 2HS-72

Date Filed 2-8-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.