

Registration District No. **156**

Primary Registration District No. **2001**

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

**1. PLACE OF DEATH:**  
(a) County **Jasper**  
(b) City or town **St. John**  
(c) Name of hospital or institution: **St. John Hospital**  
(d) Length of stay: **1 day**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo.** (b) County **Jasper**  
(c) City or town **822 Highland Jasper**  
(d) Street No. **49**  
(e) Citizen of foreign country? **No**

**3. (a) PRINT FULL NAME** **Mrs. Alice Holloway**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb** day **19**  
year **1945** hour **8** minute **10** P.M.  
**21. I hereby certify that attended the deceased from** **July 18** 19**45** to **July 19** 19**45**  
that I last saw **her** alive on **July 19** 19**45**  
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **H. A. Holloway** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **April 23 1884**

Immediate cause of death **Septic Endocarditis**  
Due to **Influenza**

**8. AGE:** Years **60** Months **9** Days **27**  
9. Birthplace **Texas**

Other conditions \_\_\_\_\_  
Major findings: **30**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

**10. Usual occupation** **Housewife**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **Ed Foster**  
**13. Birthplace** **Not known**  
**14. Maiden name** **Hannah Burton**  
**15. Birthplace** **Not known**

**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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury) \_\_\_\_\_  
**23. Signature** **H. L. Miller** (M. D. or other) \_\_\_\_\_  
Address **Jasper Mo** Date signed **7/22-45**

**16. (a) Informant** **H. A. Holloway**  
**(b) Address** **822 Highland Ave Jasper**  
**17. (a) Burial** (b) Date thereof **7 23-45**  
**(c) Place: burial or cremation** **Ballast Cem. W. Mo.**  
**18. (a) Signature of funeral director** **Wagner Funeral Home**  
**(b) Address** **Wheeler**  
**19. (a) 2-22-45** (b) **John B. Sutherland**  
(Date received local registrar) (Registrar's signature)

45-2-156

**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.....

*Wm. Marries Pope*

Licensed Embalmer No. *3482*

P. O. Address *Wheaton 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.**