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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1945

State File No. 29706

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3967

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:
3335 Cleveland /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3335 Cleveland 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. GERTRUDE L. HOLLIS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Harry E. Hollis

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 23rd (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	3	1	hr. min.

9. Birthplace Towanda (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry Coons
13. Birthplace Brinstons Corners (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Allie Anderson
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mr. Harry E. Hollis

(b) Address 3335 Cleveland

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/ 26/ 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Towanda, Illinois

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 9-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24th year 1945 hour minute M.

21. I hereby certify that I attended the deceased from July 10, 1945, to Sept 23, 1945 that I last saw her alive on Sept 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of breast with metastases to liver & lungs	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
Of autopsy

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Allen L. Stafford (M. D. ~~or other~~)

Address Prof Bldg W.C. Ho Date signed 9-24-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]
1220 [illegible]

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.