

FILED SEP 20 1945

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME David Myrick Hollows

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 27 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name Vester L. Hollows
13. Birthplace Ashburn Missouri
(City, town or county) (State or foreign country)
14. Maiden name Billie A. Foster
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Vester L. Hollows
(b) Address Ashburn, Missouri
17. (a) Burial (b) Date thereof Aug 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valley cemetery, Ashburn, Mo.
18. (a) Signature of funeral director R. E. O. Schwartz
(b) Address 1500 Hwy Hannibal, Mo.
19. (a) 9-10-45 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rolla 87
(c) City or town Ashburn 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 0
(If rural, give location) _____ 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1945 hour 9 minute - A.M.

21. I hereby certify that I attended the deceased from Aug 27 1945 to Aug 29 1945
that I last saw him alive on Aug 29 1945
and that death occurred on the date and hour stated above
Immediate cause of death Coronary Heart Disease
Duration 2 da

Due to _____

Due to _____

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

Major findings: Of operations 157a
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 see
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place? see

While at work? _____ (Specify type of place) (e) Means of injury see

23. Signature Dr. E. M. Lucke (M. D. or other) _____
Address Hannibal, Mo. Date signed 9-10-45

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

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 *Jack H. Jenkins*.....

Licensed Embalmer No. *4110*.....

P. O. Address *Hammond, 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.