

S. No. 2
M-243
5-17-39
PI X35867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

8882

FILED MAR 28 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 Jackson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 29 years _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Jackson St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Francis Holliday

3. (b) If veteran, name war _____ 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 Chas W. Holliday 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 16 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Stewart W. Potts

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

14. Maiden name Rebecca Miller

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Harold W. Freeman

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Mar-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Harold W. Freeman

(b) Address Jefferson City, Missouri

19. (a) 3-25-46 (b) R. P. Harris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1946 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 5, 1939 to March 21, 1946; that I last saw her alive on March 21, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to _____

Other conditions Fracture of R. hip
(Include pregnancy within 3 months of death)

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) (a) Means of injury _____

23. Signature D. W. Sullivan (M. D. or other) _____
Address Jefferson City, Mo Date signed 3/23/46

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

6 wks

5 year

5 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-27-46

SEP 5 1946

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 Orwell L. Jones, Jr.

Licensed Embalmer No. 48111

P. O. Address Jefferson City

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.