

S. No. 2
M-5-43
v. 5-17-39
I X3667

FILED JUN 25 1946

Registration District No. 249 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo., 15 days
20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Holler

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 George Holler 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 10 28 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>15</u>	<u>hr. min.</u>

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Williams

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

14. Maiden name Margaret Blakey

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

16. (a) Informant Mr. George Holler

(b) Address 1221 Agnes

17. (a) Burial (b) Date thereof 6-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 6-14-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 Agnes
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from 4-28, 19 46, 6-13, 19 46
that I last saw her alive on 6-13, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Injury by fall, intratrochanteric fract. rt. hip; Pulmonary embolism

Due to
Due to

Other conditions 1st or 5th
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence 4-28-46

(c) Where did injury occur? K. C. Jackson, Mo.
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 6-14-46

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

MOTHER, FATHER

Dr B. Buckner

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 *C. H. Weir*.....

Licensed Embalmer No. *2570*.....

P. O. Address *KC 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.