

No. 2  
1-5-43  
5-17-39  
I X36671

State File No. \_\_\_\_\_

**FILED** JUL 11 1946  
Registration District No. 476

Primary Registration District No. 5568

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Jackson (Rural)  
(b) City or town Independence, Missouri (Blue) (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1535 South Cedar (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence (Rural) (If outside city or town limits, write "RURAL")  
(d) Street No. 1535 So. Cedar (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD HOLLAND

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Capitola Holland 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased April 20 1856 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Rochester New York (City, town, or county) (State or foreign country)

10. Usual occupation Miller Retired

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Capitola Holland

(b) Address 1535 Cedar, Independence, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Missouri

19. (a) 6-30-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd. year 1946 hour 8 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from June 7 1946 to June 23 1946 that I last saw him alive on June 23 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial Anemia 6 Mo Hypertensive to autonomic treatment

Other conditions Senility - Coronary Sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations No operation Of autopsy No 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) (e) Means of injury Heart M.D.O.  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Independence, Mo Date signed 6-24-46

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

1946

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MAY 21 1948

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 *Floyd Cleason*  
Licensed Embalmer No. *4129*  
P. O. Address *Indep 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.