

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

27171

FILED AUG 27 1946

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3475

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1820 E. 18 St - 1
(d) Length of stay: In hospital or institution 66 years
In this community 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C. Mo
(d) Street No. 1820 E. 18 St
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Alex Holloway
(b) If veteran, name war no (c) Social Security No. no

4. Sex M 5. Color Col 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Octavia (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July 14 1880

8. AGE: Years 66 Months 0 Days 25

9. Birthplace Clay County Mo

10. Usual occupation Farming

11. Industry or business

12. Name Alex Holloway

13. Birthplace Mo

14. Maiden name Francis Ligfus

15. Birthplace Mo

16. (a) Informant Mrs Octavia Holloway

(b) Address East Kansas City

17. (a) Burial, cremation, or removal Burial (b) Date thereof 8 12 46

(c) Place: burial or cremation Oak Grove Mo

(d) Signature of funeral director H B Moore

(e) Address 1820 E 18 St (f) Date received local registrar 8-12-46 (g) Registrar's signature Geraldine Helme

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9 year 1946 hour 6:40 AM
21. I hereby certify that I attended the deceased from 8-9-46 to 8-5-46
that I last saw him alive on 8-5-46 and that death occurred on the date and hour stated above.

Immediate cause of death: mitral insufficiency
Due to pulmonary edema

Other conditions: 925
(Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: W. H. Anderson (M. D. or other) Address: 209 N. Lincoln St Date signed: 8-2-46

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

20112

521086

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..... *HB Moor*

Licensed Embalmer No. ~~2440~~ 2440

P. O. Address..... 1820 E 18 St

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.