

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30132

FILED SEP 17 1946

State File No. _____

Registration District No. 144

Primary Registration District No. 5563

Registrar's No. 7

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Hazel Augusta Holloman

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

4. Sex fem / 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Linn Edward Holloman 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 7 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Carroll Smith

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

14. Maiden name Winnie A. Dunn

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

16. (a) Informant Myron A. Holloman

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 9-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Missouri

18. (c) Signature of funeral director Norman White & Sons

(b) Address Ironton Missouri

19. (a) 9-11-46 (b) Mrs. Lois Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1946 hour 10 minute 45P M.

21. I hereby certify that I attended the deceased from Jan 1
1946 to Sept 7 1946
that I last saw her alive on Sept 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pleurisy

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

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 _____

(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? _____
(Specify type of place) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Ironton Mo Date signed 9-10-46

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

MOTHER FATHER

Health Officer No. 4
File Number 946-2602
Date Filed 9-16-46

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 *Conrad J. White*
Licensed Embalmer No. *3012*
P. O. Address *Sanitor Ave.*

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.