

FILED OCT 22 1946

State File No. 33331

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(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 1
(Specify whether Marriage)

In this community Marriage
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Bethany
(If outside city or town limits, write "RURAL")

(d) Street No. D
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Jestin Holly

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1946 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 4-22
1946, to Oct 1, 1946
that I last saw her alive on 9-30, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or face W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Holly

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased: Aug 24 1874
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Duration 3 days

Due to _____

Due to _____

Other condition Chronic myocarditis 5 yrs.
(Includes pregnancy within 3 months of death)

8. AGE: Years 72 Months 8 Days 24 If less than one day _____
hr _____ min _____

9. Birthplace Carroll County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation House work

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations ✓ 93D

Of autopsy ✓

MOTHER FATHER

11. Industry or business _____

12. Name Samuel Cox

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

14. Maiden name Louisa Quisenberry

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

16. (a) Informant John Holly

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof 10-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey Ave

18. (a) Signature of funeral director J. S. Williams

(b) Address Bethany Mo

19. (a) Oct 9-46 (b) Zoll Burris
(Date received local registrar) (Registrar's signature)

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 D

23. Signature W. A. Broyer (M. D. or other) _____

Address Bethany Mo Date signed 10/9/46

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

7-20-46

33133

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NOV 22 1946

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OCT 30 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..... *Thornton H. Haas*

Licensed Embalmer No. *2861*

P. O. Address *Bethany, 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.