V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36002

Registration District No. 70 Primary Registration District No. 3002 Registrar's No. 171

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 824 West Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 824 West Liberty
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Walter Holloway
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ollie Holloway
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 7 (Day) 1859 (Year)

8. AGE: Years 87 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Milton (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Retired farmer
FATHER
12. Name Edward Holloway
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Caroline Lee
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs John H Neill
(b) Address 824 W. Liberty
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico Mo
18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
19. (a) 11/23/46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21 year 1946 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10-30, 1946 to 11-21-, 1946 that I last saw him alive on 11-10, 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardio Nephrito | |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) MD
Address Mexico, Mo. Date signed 11/21/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-46-2245
Date Filed DEC 10 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 Fred A. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.**