

FILED DEC 11 1946

Registration District No. 2-18

Primary Registration District No. 5909

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Pemscot
(b) City or town Nicola, Pemscot Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 years. years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lemuel Harris Hollomon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Clara B. Hollomon 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. 8 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Obair Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Thomas Hollomon

13. Birthplace Obair Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Elyzabeth Nichols

15. Birthplace Obair Co. Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Max Hollomon

(b) Address Blue, No 17 # 2

17. (a) Burial (b) Date thereof 11-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Miami

18. (a) Signature of funeral director La Forge Ind. Co.
(b) Address Caruthersville, Mo.

19. (a) 12-9-46 (b) Pressie B. Welke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1946 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 12 1946 to Nov. 26 1946
that I last saw him alive on Nov. 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to Undetermined.

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? _____

While at work? _____ (Specify type of plant)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address Caruthersville, Mo. Date signed 12-6-46

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

MOTHER, FATHER

12-46-256

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.....

Licensed Embalmer No.....

P. O. Address.....

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.