

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
Registration District No. 231

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5812

State File No. 41430
Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Bellflower (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Prairie
(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

3. (a) PRINT FULL NAME Henry J. Holloway
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male (C) 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary L. Holloway Dec.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 10 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 20 hr. min.

9. Birthplace Olney Lincoln Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Duties

MOTHER, FATHER { 12. Name William Henry Holloway
13. Birthplace Ashley Mo. (City, town, or county) (State or foreign country)
14. Maiden name Pernenia Rhioninson
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Jess Holloway
(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 12-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney Mo.

18. (a) Signature of funeral director Olant A. Jones
(b) Address Bellflower Mo.

19. (a) Dec 2-4-46 (b) Zoe Chapman
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1946 hour 4:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1940 to Nov 30 1946
that I last saw him alive on Nov 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decompensation Duration 1 WEEK

Due to CHRONIC ARTERIO-SCLEROSIS (CORONARY) 10 YRS

CHRONIC MYOCARDITIS 10 YRS

Due to CHRONIC INTERSTITIAL NEPHRITIS 10 YRS

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 place) (e) Means of injury TI

23. Signature W Van Busdale (M. D. or other) MD
Address Montgomery City Mo Date signed 12/1/46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-2-47

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.....

Me

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clara A. Jones

Licensed Embalmer No.....2073

P. O. Address.....Bellflower 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.