

5. No. 2  
-12-45  
-17-39  
P I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9143

State File No. ....

FILED MAR 25 1947  
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1147

1. PLACE OF DEATH:  
(a) County Jackson,  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether years, months or days) 11 days

3. (a) PRINT FULL NAME Orville Hollaway  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced unknown  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 8 years 1883 (Day) (Year)

7. Birth date of deceased 1 (Month) 8 (Day) 1883 (Year)  
8. AGE: Years 64 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business

MOTHER FATHER { 12. Name Hollaway James 0  
13. Birthplace Mo (State or foreign country)  
14. Maiden name Campbell  
15. Birthplace Mo (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address X.C. Mo.

17. (a) Buried (b) Date thereof 3-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen B. ...  
(b) Address Pleasant Hill, Mo.

19. (a) 3-13-47 (b) Genevieve Hollaway  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 48  
(c) City or town Lone Jack 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) /  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 13  
year 47 hour 2 minute 13 P.M.  
21. I hereby certify that I attended the deceased from 2-2-47  
to 3-13-47, 1947,  
that I last saw him alive on 3-13-47, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bi-lateral pulm tuberculosis  
c empyema  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 13 B  
Of operations  
Of autopsy as above  
Duration  
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) 0  
(e) Means of injury  
23. Signature Wm W. Hart (M. D. or other) md  
Address Med. Dir. Gen'l Hosp. Date signed 3-14-47

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

APR 29 1947

*Dr. Hunt*

**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.....

*By me: 3-14-45 -*....., Registered Apprentice No.....

working ~~under~~ my personal supervision.

Signed *Allen Bunsford*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill, Va.*

**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.