

S. No. 2  
M-5-43  
5-17-39  
I-X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17024

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 17

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Sullivan  
(c) Name of hospital or institution:  
Residence 11 E. Vine Street  
(d) Length of stay: 49 Years  
In this community 49 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Franklin  
(c) City or town Sullivan  
(d) Street No. 11 E. Vine Street  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Henry Orlando Hollow  
3. (b) If veteran, name war XX  
3. (c) Social Security No. 492-03-8022

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura (Bennett) Hollow  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Dec. 24 1872

8. AGE: Years Months Days If less than one day  
74 5 5 hr. min.

9. Birthplace Cuba, Mo. U

10. Usual occupation Retired Banker Bank

11. Industry or business  
12. Name James E. Hollow  
13. Birthplace Turo England  
14. Maiden name Georgianna Bolton  
15. Birthplace London England

16. (a) Informant Mrs Laura Hollow  
(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof June 1/47  
(c) Place: burial or cremation I.O.O.F. Sullivan, Mo.

18. (a) Signature of funeral director  
(b) Address Sullivan, Mo.

19. (a) 6-1-47 (b) Ch. Deuster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 29 year 1947 hour 3 minute 25 a.M.  
21. I hereby certify that I attended the deceased from Nov. 1, 1946, to 5/29, 1947; that I last saw him alive on 5/29, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY THROMBOSIS  
Due to: Generalized ARTERIOSCLEROSIS  
Duration: 6 days  
Other conditions: CEREBRAL THROMBOSIS 80 MO.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: John J. de la Torre MD  
Address: Sullivan, Mo. Date signed: 5/30/47

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

SEP 11 1947

RECEIVED  
District Health Officer No. 9,  
District File Number JUN 9 1947  
Date Filed

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 Robert M Murray  
Licensed Embalmer No. 3749  
P. O. Address Sullivan, 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.