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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27730
Registrar's No. 3476

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RESIDENCE: 618 N. PARK /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 618 N. PARK 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HARRISON HOLLER
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EFFIE
6. (c) Age of husband or wife if alive XXXXX years
7. Birth date of deceased 4 6 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 5
If less than one day hr. min.

9. Birthplace MORGAN COUNTY INDIANA /
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business NONE

MOTHER FATHER
12. Name NO RECORD NO RECORD 7
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name NO RECORD NO RECORD 7
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant ELMER HOLLER

(b) Address 3160 ROWLAND AVE. KANSAS CITY, KANSAS

17. (a) BURIAL (b) Date thereof 8-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SALEM CHURCH CEMETERY

18. (a) Signature of funeral director [Signature]
(b) Address 815 W. MAPLE AVE.

19. (a) 8-13-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 7 day 11 55 A.M.
year 1947 hour minute
21. I hereby certify that I attended the deceased from March 16, 1947, to August 11, 1947, that I last saw him alive on August 1, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac failure
Due to Cardiac decompensation
Other condition arteriosclerosis & hypertension
Major findings Of organs
Of autopsy 950
PHYSICIAN [Signature]
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? Dep. mo.
(Specify type of place) 2
While at work (e) Means of injury _____
23. Signature [Signature] or other D.O.
Address 2717 Rockstar Date signed 8-11-47

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. *3156*

P. O. Address *Indy, 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.