

FILED JAN 20 1948

Registration District No. 275

Primary Registration District No. 5783

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Richwood rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Hollycross

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 12 day 31
year 1947 hour 2 minute 30 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

21. I hereby certify that I attended the deceased from 1-Dec-47 to 10-Dec-47
that I last saw him alive on 10-Dec-47 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Uremia
Duration 3 mo

7. Birth date of deceased 1 1 1866
(Month) (Day) (Year)

Due to Arteriosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>30</u>	hr. _____ min. _____

Due to _____

9. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer

PHYSICIAN

11. Industry or business _____

Major findings:
Of operations na
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name Shep Hollycross

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Adelia Hale

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Will Alexander

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 1/2/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) Jan. 16-48 (b) Jessie Perkins
(Date received local registrar) (Registrar's signature)

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 0

23. Signature E. D. Hughes (M.D. or other)

Address Wichita, Mo Date signed 8 Jan 48

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.....

Hazel Gilbert Schierbaum, Registered Apprentice No. *463*
working under my personal supervision.

Signed *Fred W. Gilbert*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

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.