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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11521

FILED MAY 10 1948

Registration District No. 39

Primary Registration District No. 4049

Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Boone Co
(b) City or town Centralia
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 10
(c) City or town Centralia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELAINE HOLLADAY
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14 (Day) 1948 (Year)

8. AGE: Years | Months | Days 10 | If less than one day hr. min.

9. Birthplace Centralia (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Blanton Holladay
13. Birthplace Shelbina (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ida Beel Dixon
15. Birthplace Centralia (City, town, or county) Mo (State or foreign country)

16. (a) Informant Blanton Holladay
(b) Address Centralia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation Centralia
18. (a) Signature of funeral director Homer Jernigan
(b) Address Centralia, Mo
19. (a) April 27-1948 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 4-14-48 ..., 19..., to 4-24-48, 1948
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Infant 10 days	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury (1)
23. Signature N. J. Ector (M. D. or other)
Address Mexico, Mo Date signed 4-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9.
District File Number
Date Filed 5/7/48

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 6270

P. O. Address Chillicothe 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.