FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22836

FILED AUG 2 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 617

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hours (Specify whether
In this community: 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 37
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1476 N. Grant Ave. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME: Julia Ellen Holliday

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: John B. Holliday

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: December (Month) 6, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	18	hr. min.

9. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Hollett H. Snow

13. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Julia Ellen Booker

15. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. George Edwards
(b) Address: 1476 N. Grant, Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Mo.

19. (a) 7-28-48 (Date received local registrar) (b) M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1948 hour 10:25 A.M. minute M.

21. I hereby certify that I attended the deceased from 8:25 A.M. July 24 1948, to July 24 1948, that I last saw her alive on July 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Shock, traumatic — Duration 2 hrs

Due to: fractures, compound, comminuted both legs

Due to:

Other conditions: (Include pregnancy within 3 months of death) 0

Major findings:
Of operations:
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): Accident
(b) Date of occurrence: 7/24/48
(c) Where did injury occur: Springfield, Greene, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)
While at work? No (Means of injury) Auto

23. Signature: James D. Martin (M. D. or other) M.D.
Address: Springfield Mo Date signed 7/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Call with Correction

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.....Ralph Thieme.....

Licensed Embalmer No.....3681.....

P. O. Address.....Springfield, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.