No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26374

Registrar's No. 3371

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: St. Mary's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 40 years

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.: 3725 Jarboe Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Paul A. HOLLEY
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male O
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Katherine Holley
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: October (Month) 15, (Day) 1881 (Year)
8. AGE: Years 66 | Months 10 | Days 2 | If less than one day ____ hr. ____ min.
9. Birthplace: Unknown (City, town, or county) Georgia (State or foreign country)
10. Usual occupation: Retired Asst. Auditor
11. Industry or business: K. C. Southern RR
FATHER
12. Name: Henry Holley
13. Birthplace: --- (City, town, or county) Georgia (State or foreign country)
MOTHER
14. Maiden name: Julia Adams
15. Birthplace: --- (City, town, or county) Georgia (State or foreign country)
16. (a) Informant: Mrs. Katherine Holley
(b) Address: 3725 Jarboe St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 8-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8-8-48 to 8-17-48 and that I last saw him alive on 8-17-48 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage right side brain — Duration
Due to: Hypertension
Due to:
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations: ✓
Of autopsy: ✓ 83a

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): no
(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: O
23. Signature: M. L. Pomello, M.D. (Coroner or other)
Address: 800 Argyle Date signed: 8-18-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. P. Miller
800 Argyle Bldg.

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 Glenn E. Hack

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.