

S. No. 2  
M-2-43  
5-17-39  
1 X35807

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29809

State File No.

Registrar's No.

3545

Registration District No. 149

Primary Registration District No. 1002

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

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:  
1021 Paseo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community About 1 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
3

(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1021 Paseo  
(If rural, give location)

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

3. (a) PRINT FULL NAME Plina Holley

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 3 5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Holley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July - 4 - 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	1	22	hr. _____ min.
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9. Birthplace Richmond Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Brown 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Belen (Daughter)

(b) Address 1021 Paseo

17. (a) Removal (b) Date thereof 8/30/'48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yankton South Dakota

18. (a) Signature of funeral director G. Sterling Hill

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 8-30-48 (b) Healdine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1  
1948 to Aug 26, 1948  
that I last saw her alive on Aug 26, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Stenocardia inoperable Heart Disease Duration 3 mo

Due to Chronic nephritis 3 mo

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 131/10

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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

23. Signature Healdine Holmes (M. D. or other) M.D.

Address 2439 Pine Date signed 8-30-48

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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 E. Sterling Bills  
Licensed Embalmer No. 3178

P.O. Address 1212 Vine St., Kansas C

**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.**