No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 32936

Registrar's No. 3953

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas Ctiy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 827 West 40th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

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. 827 West 40th St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Luella W. Holloway
3. (b) If veteran, name war no
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 Herbert H. Holloway
6. (c) Age of husband or wife if alive ~~xx~~ 78 years
7. Birth date of deceased March (Month) 13 (Day) 1873 (Year)

8. AGE: Years 75 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Tilton, Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name John S. Wilson
13. Birthplace Tilton, Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Enfield
15. Birthplace Tilton, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Tom Wilson
(b) Address Pleasant Hill, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill mo
18. (a) Signature of funeral director Allen Brumfield
(b) Address 203 N. Armstrong
19. (a) 9-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Aug 1, 1948, to Sept 27, 1948; that I last saw her alive on Sept 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastric Ulcer over	1 yr
Gastric Hemorrhage	2 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1170	
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 0

23. Signature S. W. Fair MD (M. D. or other)
Address 404½ W 75 Date signed 9/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Dale A. Oldfield

Licensed Embalmer No. 4549

P. O. Address Pleasant Hill, M

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.