S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32937

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3917

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence 3610 Gillham Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 3610 Gillham Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maude Elizabeth Holloway

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased May (Month) 13 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	4	12	hr. min.

9. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name John Holloway
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cruse
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dixie Hopkins

(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Wamplers Cemetery

18. (a) Signature of funeral director R. A. Brauninger

(b) Address Warrensburg, Mo.

19. (a) 9-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25th year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-22 1948 to 9-25 1948 that I last saw her alive on 9-25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute mesenteric thrombosis — Duration 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 99
Of autopsy None

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

23. Signature M. J. Owens (M. D. or other)

Address 906 Grand Fcn 10 Date signed 9-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. J. Owen

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

Signed W. W. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg 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.