No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1948

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35854

Primary Registration District No. 3010

Registrar's No. 354

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours (Specify whether
In this community 8 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Portageville (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi. s.w. Portageville. R.#2
(If rural, give location)

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

If yes, name country ----------

3. (a) PRINT FULL NAME Corene Odell Holloman

3. (b) If veteran, name war -------

3. (c) Social Security No. ------

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Tom Holloman

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

7. Birth date of deceased Oct. 10, 1915
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	1	2	hr. min.

9. Birthplace Adkins, Arkansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----------

FATHER
12. Name Jim Hayes
13. Birthplace Adkins, Ark. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Estella Swinger,
15. Birthplace Adkins, Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant T. J. Smith

(b) Address Hayti, Missouri

17. (a) Removal (b) Date thereof Nov. 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Missouri

18. (a) Signature of funeral director T. J. Sparks,

(b) Address Cape Girardeau, Mo.

19. (a) 11-15-48 (b) C. C. Summers 1111
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1948 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from 11/12/48
, 19 , to , 19 ;
that I last saw her alive on 11/12 , 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

	Duration
Toxemia Pregnancy	11/12/48
Post Operative Hemorrhage	11/12/48

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

145 B

Major findings: Of operations Preg. at term
Living Male Body

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature D. B. Elrod (M. D. ~~or other~~)

Address Cape Girardeau Mo Date signed 11-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 4
1148-1428
11-22-48

JAN 3 1949

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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.