

FILED DEC 13 1948

State File No. _____

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1052-B

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1316 N. Broadway /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 25 Years
 years, months or days

3. (a) PRINT FULL NAME William Holladay3. (b) If veteran, name war No 3. (c) Social Security No. 14. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive dec. years7. Birth date of deceased Dec. 15 1871
(Month) (Day) (Year)8. AGE: Years 76 Months 11 Days 16 If less than one day hr. min.9. Birthplace Calloway County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Joseph Holladay13. Birthplace Birmingham Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Kathryn Ayers15. Birthplace Birmingham Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ted Hutchens(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof 12/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenlawn18. (a) Signature of funeral director H.H. Lohmeyer(b) Address Springfield, Mo.19. (a) 12-4-48 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1316 N. Broadway 6
 (If rural, give location). 3
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1948 hour 7 minute 12p. M.21. I hereby certify that I attended the deceased from Jan 1948 to Dec 1, 1948
that I last saw him alive on Dec 1, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral thrombosis Duration 2 wksDue to Generalized arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 43B

Major findings: Of operations _____

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 323. Signature W. H. Handley (M. D. or other) M.D.
Address Springfield, Mo. Date signed 12-4-48

JAN 31 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.....

Robert H. McDew

Registered Apprentice No. *272*

working under my personal supervision.

Signed *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Spangford 176*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.