No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36615

FILED DEC 14 1948

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4906

WRITE PLAINLY—USING 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 2535 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Twenty Two Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2535 Chestnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Owen Holliday
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Susan Holliday
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased February (Month) 7 (Day) 1865 (Year)

8. AGE: Years 83 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Mo (State or foreign country)
10. Usual occupation Unemployed.
11. Industry or business
FATHER
12. Name Clabe Holliday
13. Birthplace Glasgow (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ellen Grigsby
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Nannie Denny
(b) Address 2535 Chestnut St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow Mo
18. (a) Signature of funeral director West Appleton Jones
(b) Address 1905 Vine
19. (a) 12-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1948 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 1-1947 July, 1947, to Nov 29 1948 that I last saw him alive on Nov 29th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Hernia

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations Strangulated Hernia
Of autopsy none

Duration

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 F Sewell (M. D. or other) MD
Address 1722 W 39 Date signed 11-30-48

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 Napoleon Jordon, Registered Apprentice No. 267, working under my personal supervision.

Signed O. H. West

Licensed Embalmer No. 2710

P. O. Address K. C. 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.