

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4442**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson City**
(b) City or town **Jackson City**
(c) Name of hospital or institution: **St Luke Hospital**
(d) Length of stay: **2 days**
In this community **58 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Rural**
(d) Street No. **5 mi N. of Jess Summit**
(e) Citizen of foreign country? **No**

3: (a) PRINT FULL NAME **Bernard F Hollyday**
3: (b) If veteran, name war **No**
3: (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **29**
year **1948** hour **5:30** minute **P.** M.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dora Hollyday**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Feb 28 - 1883**

21. I hereby certify that I attended the deceased from **Jan 31**, 1948, to **Oct 29**, 1948,
that I last saw him alive on **Oct 29**, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure** Duration **10 mo.**

8. AGE: Years **65** Months **8** Days **1**
If less than one day hr. _____ min.

Due to **Cardiac Fibrillation** Duration **1 mo.**

9. Birthplace **Elkworth Kansas**

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

Major findings: Of operations **95%**

11. Industry or business **Farm**

Of autopsy _____

12. Name **Clarence Hollyday**

13. Birthplace **6 mi N. of Jess Summit Mo**

14. Maiden name **Elizabeth Gehring**

15. Birthplace **Bernard Mo**

16. (a) Informant **Mrs. B. F. Hollyday**

17. (a) **Burial** (b) Date thereof **10-31-48**

18. (a) Signature of funeral director **N. B. Langford**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) **Clint L. Miller**
(c) Means of injury _____
23. Signature **Clint L. Miller** (M. D. or other) _____
Address **Jess Summit Mo** Date signed **10/30/48**

MAR 30 1950

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 *T. B. Langsford*

Licensed Embalmer No. *3253*

P. O. Address. *Fees Summit*

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.