

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1306**
217

No. 300
10.48

FILED JAN 25 1952 BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **217**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City Mo		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1		d. STREET ADDRESS (If rural, give location) 223 NORTH JACKSON AVENUE	

3. NAME OF DECEASED a. (First) George b. (Middle) WASHINGTON c. (Last) Holland			4. DATE OF DEATH JAN-12-1952		
--	--	--	--	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL-12-1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONDUCTOR	10b. KIND OF BUSINESS OR INDUSTRY CHICAGO, MILWAUKEE ST. PAUL R.R.	11. BIRTHPLACE (State or foreign country) CRESTLINE OHIO	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME JOHN HOLLAND	13b. MOTHER'S MAIDEN NAME WINIFRED PRICE	14. NAME OF HUSBAND OR WIFE CALLIE HOLLAND
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 709-12-7381	17. INFORMANT'S SIGNATURE OR NAME Mrs. Callie Holland	ADDRESS 223 No. Jackson Ave. Kansas City, Mo.
---	---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	10. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH H201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old & Recent Myocardial Infarction		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arterial sclerosis DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION as above	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **1-11-52**, 19**52**, to **1-12-52**, 19**52**, that I last saw the deceased alive on **1-12-**, 19**52**, and that death occurred at **1:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)	23b. ADDRESS 23 & Cherry	23c. DATE SIGNED 1-12-52
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN-15-1952	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) BELLEVILLE KANSAS
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. 1-15-52	REGISTRAR'S SIGNATURE S. Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons	ADDRESS 1325 BEECH CREEK N.E., MO.
---	--	---	---

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Basil Honey

Licensed Embalmer No. *24724*

P. O. Address *Tashland, 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.