

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31674**

FILED SEP 27 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4056

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN KANSAS CITY	d. STREET ADDRESS (If rural, give location) 4945 TROOST AVE.
d. FULL NAME OF HOSPITAL OR INSTITUTION 4945 Troost Ave.,			

3. NAME OF DECEASED (Type or Print) JULIA INEZ HOLLAND			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 14, 1952		
a. (First)	b. (Middle)	c. (Last)			

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH JUNE 24, 1911	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months 2	Days 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) SEDALIA, MISSOURI.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES ARTHUR CRABTREE	13b. MOTHER'S MAIDEN NAME MABLE JULIA TAYLOR	14. NAME OF HUSBAND OR WIFE CECIL J. HOLLAND *DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME MRS. BONNIE HARTER, 4945 Troost, K. 6, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Liver, Lungs & Intestines	DUE TO (b) Cancer of Uterus		4 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			174X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March, 1951, to Sept 12, 1952, that I last saw the deceased alive on Sept 11, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE OF VALENTINE NEEDLES (Degree or title) Orval T. Needles M.D.	23b. ADDRESS 7400 WORNAL RD KCMO	23c. DATE SIGNED Sept 14 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) 5	24b. DATE 9-14-1952	24c. NAME OF CEMETERY OR CREMATORY OLATHE CEMETERY	24d. LOCATION (City, town, or county) (State) OLATHE, KANSAS.
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DATE REC'D BY LOCAL REG. 9-14-52	REGISTRAR'S SIGNATURE Maudine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE MARTIN W. FRYE	ADDRESS OLTHE, KANSAS.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Master W. Frye

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Master W. Frye*

Licensed Embalmer No. *3615*

P. O. Address *Clatha Kansas*

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.