

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

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2674

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY NORTH</u>		c. LENGTH OF STAY (in this place) <u>2 YRS</u>	c. CITY OR TOWN <u>KANSAS CITY, N.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1310 E. 44TH ST</u>		e. STREET ADDRESS (If rural, give location) <u>1310 E. 44TH ST.</u>	
3. NAME OF DECEASED a. (First) <u>Louis</u>		b. (Middle) <u>F.</u>	c. (Last) <u>HOLLOWAY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1954</u>	5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>
8. DATE OF BIRTH <u>NOV. 15 1911</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>42</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST Ford MTR.CO</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>GALVA, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	13a. FATHER'S NAME <u>Wallis K. Holloway</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Holloway</u>
14. NAME OF HUSBAND OR WIFE <u>Phyllis Holloway</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>511-06-3176</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Phyllis Holloway</u>
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) _____	4201
II. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	23a. SIGNATURE <u>O. S. Pate</u> (Degree or title) <u>O.S. Pate M.D., Coroner 3</u>
23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>6/14/54</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-15-54</u>
24c. NAME OF CEMETERY OR CREMATORY <u>McPherson Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>McPherson KAN</u>	DATE REC'D BY LOCAL REG. <u>6-14-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>	ADDRESS <u>N. K. C. Mo.</u>		

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.....
Signature of Student Embalmer

Signed..... *Glen H Hill*

Licensed Embalmer No. *45*

P. O. Address *K.C. 16.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.