

STANDARD CERTIFICATE OF DEATH

31160
STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4139

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| 1. PLACE OF DEATH a. COUNTY <u>CLAY 5008</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> <u>15068</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY, Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>KANSAS CITY, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>616 E 45 ST NORTH</u> | | Length of stay in lb <u>35 Mo.</u> | d. STREET ADDRESS (If outside, give location) <u>616 E 45 ST. NORTH.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle Last <u>HOLLAND</u> | | | 4. DATE OF DEATH Month <u>SEPT</u> - Day <u>1</u> - Year <u>1957</u> | | |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>FEB 14 - 1895</u> | 9. AGE (In years) <u>62</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOREKEEPER</u> | 10b. KIND OF BUSINESS OR CORPORATION <u>CORPORATE PRODUCTS REFINING CO.</u> | 11. BIRTHPLACE (City and state or country) <u>WALES - ENGLAND</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>JAMES HOLLAND</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS. BERTHA MARIE HOLLAND</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>486-01-4324</u> | 17. INFORMANT <u>JOHN C. MILLER</u> | Address <u>6716 WOODWARD MERIAM KANS.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion - Acute</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary disease</u> | <u>12 mo.</u> |
| | DUE TO (c) | <u>4201</u> |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m. |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from 1947 to 1957-9-1 and last saw her/him alive on Aug 5, 1957
Death occurred at 7:15 P. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Earl R. Knox</u> (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>224. Rieths Bldg</u> | 22c. DATE SIGNED <u>Sept 3</u> (State) |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>SEPT. 4-1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u> | 23d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u> |
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| 24. FUNERAL DIRECTOR <u>DW. NEWCOMER'S SONS KANSAS CITY MO</u> | ADDRESS <u>1331 BRUSH CREEK</u> | 25. DATE RECD. BY LOCAL REG. <u>9-4-57</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u> |
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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 *Wm Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32nd St*

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.