

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042689

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5716

**FILED NOV 26 1962**

VS 300  
Rev. 4/59

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DATE AMENDED 11-16-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF Jones & Stevens Funeral Home C. K. Kerford Funeral Home

SHOULD READ Jones & Stevens Funeral Home C. K. Kerford

ITEM NO. 24

BY AFFIDAVIT OF C. K. Kerford

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |  | Length of stay in lb<br><b>4 Yrs.</b>   | c. CITY OR TOWN <b>KANSAS CITY</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1610 E 10th St.</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1610 E 10th St.</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last <b>(Thomas) VERNARD GARNETT HOLLIMAN</b>   |  | 4. DATE OF DEATH<br>Month Day Year <b>11 10 1962</b>  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>Negro</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7 2 1941</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>singer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>tavern</b>  | 9. AGE (last birthday)<br><b>21 yrs</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Detroit Michigan</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |  |
| 13a. FATHER'S NAME<br><b>Farris Ireland</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Francis Holliman Holliman</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>none</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no None</b>                               |  |
| 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><b>Francis Williams (mother) 1921 Linwood Bk Kansas City, Mo</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hemorrhagic Shock</b><br>DUE TO (b) <b>Hemo-pericardium</b><br>DUE TO (c) <b>Penetrating Gunshot Wound of chest.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><b>4:00 p.m. 11/10/62</b>   |  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>1610 E 10th apt. #4</b>                                      |  |
| 20e. CITY, TOWN, OR LOCATION<br><b>Kansas City, Jackson, Mo.</b>  |  | 20f. COUNTY STATE<br><b>no.</b>   |  |
| 21. I attended the deceased from _____, to _____ and last saw him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>C. K. Kerford, Deputy Coroner</b>  |  | 22b. ADDRESS<br><b>1618 India Ave.</b>  |  |
| 22c. DATE SIGNED<br><b>11/14/62</b>   |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>11-16-62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln</b>  |  |
| 23d. LOCATION (City, town, or county)<br><b>Kansas City Missouri</b>  |  | 23e. STATE  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>C. K. Kerford, Funeral Home, K. C. Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-13-62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

USE BLACK INK OR TYPEWRITER RIBBON

Disinfect from Mrs. Ireland  
in 1957 & child's name  
was changed legally to  
his maiden name.  
R. F. K. C. M.

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 \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_ Licensed Embalmer No. 4437

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.

MISSOURI BOARD OF HEALTH