

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6651
Do not use this space.

1. PLACE OF DEATH

(a) County Henry ² Registration District No. 311
 (b) Township Leesville Primary Registration District No. 3501A Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

4011 Lou Edna Holloway
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Holloway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Osceola
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charley Morgan

14. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Sally Ashworth

16. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) _____

17. INFORMANT Viola Hensley
 (ADDRESS) Warrensburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Hope DATE Feb 19 1939

19. FUNERAL DIRECTOR (NAME) C. A. Pickett
 (ADDRESS) Brownington Mo

20. FILED 2-27 1939 Dr J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-23 1938, to 2-17 1939. I last saw h. w. alive on 2-17 1939. Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 7
Chronic Myocarditis
 Other contributory causes of importance: HTC

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) James O. Smith, M. D.
Clinton Mo (Address)

RECEIVED
District Health Officer No. _____
District File Number 7-39
Date Filed 3-3-29

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.