

FILED FEB 9 1945

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **18**

1. PLACE OF DEATH

(a) County **Henry**
(b) City or town **Clinton mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **1**
In this community **65 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 42**
(c) City or town **Clinton mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **604 South 2nd St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country **0**

3. (a) PRINT FULL NAME **GEORGE S. HOLLIDAY**

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Alice Holliday** 6. (c) Age of husband or wife if alive **12** years
7. Birth date of deceased **Oct 12 1854**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **12**
year **1945** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 7** 1945 to **Jan 12** 1945
that I last saw him alive on **Jan 11** 1945
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Duration

8. AGE: Years **90** Months **8** Days **3** If less than one day hr. min.

9. Birthplace **Carlinville Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **abstract Business**

12. Name **Geo. Houston Holliday**

13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Antonia Chism**

15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Geo Holliday**

(b) Address **Clinton mo**

17. (a) **Burial** (b) Date thereof **1-14-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eaglewood**

18. (a) Signature of funeral director **Consalus & Sons**

(b) Address **Clinton mo**

19. (a) **January 14 1945** (b) **Georgia Ritchey**
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature **Geo S. May** (M. D. or other)

Address **Clinton mo** Date signed **Jan 13 45**

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

2
1
2

1-45-71
2-8-45

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..... *J. E. Conard*.....

Licensed Embalmer No..... *1891*.....

P. O. Address..... *Clinton Mo*.....

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.