

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 260

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

**1. PLACE OF DEATH:**  
 (a) County Richsville, Mo.  
 (b) City or town Adair, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
112 East Buchanan  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community Life time

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Adair  
 (c) City or town Richsville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 112 E Buchanan  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** LOUISA HELEN HOLLAWAY  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Oct day 4<sup>th</sup>  
 year 1942 hour 9 minute A M.

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife James R.  
 6. (c) Age of husband or wife 20 years  
 7. Birth date of deceased July 20 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 3-4  
Oct 4 1942 to Oct 3 1942;  
 that I last saw her alive on Oct 3 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 2 Days 14 If less than one day \_\_\_\_\_  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: myocardial infarction through  
the center of  
stomach  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Jacksonville, Ill  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House keeper  
 11. Industry or business Wax dresser

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Frank S. Hops  
 13. Birthplace Dont, Ind.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Singslet  
 15. Birthplace Dont, Ind.  
(City, town, or county) (State or foreign country)

Major findings: none  
 Of operations H6b  
 Of autopsy none

16. (a) Informant Epp Hollaway  
 (b) Address 112 E. Richsville, Mo.  
Bural  
 17. (a) \_\_\_\_\_ (b) Date thereof 10. 6. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shewell

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?  
 \_\_\_\_\_

18. (a) Signature of funeral director Sumner Powell  
 (b) Address Richsville  
 19. (a) 10/8/42 (b) Mr. J. L. Wagoner  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (c) Means of injury \_\_\_\_\_  
 23. Signature J. L. Wagoner (M. D. or other) \_\_\_\_\_  
 Address Richsville Date signed 10/8/42

RECEIVED

District Health Officer No. 10

District File Number 71E42-20278

Date Filed NOV - 9 1947

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 W.C. Summer

Licensed Embalmer No. 2159

P. O. Address Tiskville

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.