

FILED JAN 5 1949  
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6724 ASKEW AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether  
In this community 37 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6724 ASKEW AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. CASSIE HOLLOWAY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. ANDY HOLLOWAY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 6 1962  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace WHEELING WEST VIRGINIA  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name JERRY ASHBY

13. Birthplace UNNNOWN VIRGINIA  
(City, town, or county) (State or foreign country)

14. Maiden name CHARLOTTE SCHAEFFER

15. Birthplace UNNNOWN VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Andy Holloway

(b) Address 3515 EAST-67<sup>TH</sup> STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 27 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director D. E. Brown

(b) Address 1401 BRUSH GREEN BLVD

19. (a) 12-27-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 23<sup>RD</sup>  
year 1943 hour 3 minute P

I hereby certify that I attended the deceased from Dec 15-43  
Dec 23 43, 1943, to \_\_\_\_\_, 1943

that I last saw her alive on Dec 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Flu

Provenia

Colitis

Due to \_\_\_\_\_

Due to Flu 12:00

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature: J. D. [Signature] (M. D. or other)  
Address: 615 [Address] Date signed 12/27

Duration  
10 da  
4 da  
5 da  
10 da

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3861

Student Body

**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

*A. C. Newcomer*

Licensed Embalmer No.

4043

P. O. Address

*K. C. 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.**