

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town near New Madrid  
(If outside city or town limits, write "RURAL" and name of town)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not in Hospital  
(Specify whether years, months or days)

In this community traveling

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Greene

(c) City or town Paragould  
(If outside city or town limits, write "RURAL")

(d) Street No. W. Emberson  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME J. S. Holloway

3. (b) If veteran, no name war none

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7  
year 1943 hour 7:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Essie Mae Holloway

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Nov 9th 1881  
(Month) (Day) (Year)

that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 0 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Ran car into bridge on Highway #81

9. Birthplace Burke County N.C.  
(City, town, or county) (State or foreign country)

Due to Crushing Chest

10. Usual occupation Traveling Salesman

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

11. Industry or business Caskets and Luggage

Other conditions (Include pregnancy within 3 months of death) 170C-6

12. Name William Wesley Holloway

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

13. Birthplace Lenoir N.C.  
(City, town, or county) (State or foreign country)

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

14. Maiden name Mildred Esora Scott

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

15. Birthplace Burke County N.C.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Essie Mae Holloway

(a) Accident, suicide, or homicide (specify) Accident 072

16. (b) Address Paragould Ark

(b) Date of occurrence Dec 7-1943

17. (a) Paragould (b) Date thereof 12-10-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? New Madrid, New Madrid, Mo.  
(City or town) (County) (State)

18. (a) Signature of funeral director Harold R. Mitchell

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

18. (b) Address Paragould Ark

(e) Means of injury Crushed Body

19. (a) Dec 8, 1943 (b) Alice Spider  
(Date received local registrar) (Registrar's signature)

23. Signature Leah Duputh Deputy Coroner  
Address New Madrid, Mo. Date signed 12/10-43

JAN 26 1944

RECEIVED

District Health Office No. 2,

District File Number 144-123

Date Filed 1-13-44

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 Les Hedy Smith

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.