

V. S. No. 2
DOM—8-43
ST. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21842

FILED JUL 11 1944

Registration District No. 12.7

Primary Registration District No. 4256

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
West Second Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
years, months or days) 1

In this community 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. West Second Street,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX 0

3. (a) PRINT FULL NAME EDGAR H. GOLLADAY

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1944 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from April 4
1938, to June 20, 1944
that I last saw him alive on June 20, 1944
and that death occurred on the date and hour stated above.

4. Sex 0 male race white

5. Color or

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

6. (b) Name of husband or wife Eulelia Golladay

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 27, 1875
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardiovascular disease

Due to _____

Other conditions Sen Arteriosclerosis
(include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>0</u>	<u>13</u>	hr. _____ min.

9. Birthplace Holden 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business County Judge

MOTHER FATHER

12. Name Thomas J. Golladay

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Beedie Hubbard

15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Eulelia Golladay

(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof June 22 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 6-22-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

93d

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 Kelly Paulus (M. D. or other)
Address Holden, Mo Date signed 6/22/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

510

JUN 31 1944

AUG 3 1944

MAY 16 1951

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..... *M. L. Canaday*
Licensed Embalmer No. *3434*
P. O. Address *Holden, 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.