No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16373

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2159

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Mary's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether In this community 3 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999

(c) City or town Gentry 3 (If outside city or town limits, write "RURAL")

(d) Street No. Route # 2 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Mr Sol Clarence HOLLIS

3. (b) If veteran, name war None

3. (c) Social Security No. 443-18-2074

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Pluma Hollis

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June (Month) 2nd (Day) 1905 (Year)

8. AGE: Years 42 ~~43~~ Months ~~9~~ 11 Days 21 If less than one day hr. min.

9. Birthplace Sallisaw (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Section Kansas City Southern

FATHER
12. Name John Mehile Hollis
13. Birthplace Littleton (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Margaret Robinson
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pluma Hollis

(b) Address Gentry Arkansas Route 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sallisaw, Oklahoma

18. (a) Signature of funeral director France-Wornall Funeral Home

(b) Address Kansas City, Missouri

19. (a) 5-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23 year 1948 hour 12 minute 53 P.M.

21. I hereby certify that I attended the deceased from 5 MAY, 1948, to 23 MAY, 1948, that I last saw him alive on 23 MAY, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral lobar TULEREMIA PNEUMONIA BILATERAL	3 DAYS
Due to TULEREMIA	10 DAYS
Due to Tic Bite	3 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 260	
Of autopsy Tuleremia Pneumonia Severe Toxic Condition	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature James W Downey (M. D. ~~or other~~)

Address 800 Argyle Bldg KC Mo Date signed 5/23/48

(Licensed Embalmer's Statement on Reverse Side)

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. Russell N. France

Licensed Embalmer No. 4255

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.