

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1949

State File No. 20630

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 4446		Registrar's No. 56			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hardin No 2</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Inside City Limits Walnut</u>				d. STREET ADDRESS (If rural, give location) <u>416 Parallel</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hoyt</u>			b. (Middle) <u>F</u>			c. (Last) <u>Holland</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			
8. DATE OF BIRTH <u>1906 Mar. 2</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saboner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saboner</u>		11. BIRTHPLACE (State or foreign country) <u>Japan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>L. H. Holland</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Boyce</u>		14. NAME OF HUSBAND OR WIFE <u>unmarried</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>2W</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paralee Owens</u> ADDRESS <u>416 Parallel R-6-Kans.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat Prostration</u>				DUE TO (b) <u>Chronic alcoholism</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>3227</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hardin Ray Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>7</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John F. Babers, Coroner</u>				23b. ADDRESS <u>Richmond Mo.</u>				23c. DATE SIGNED <u>7-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City Kan. unburied</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas city, Wyandotte Co. Kansas</u>			
DATE REC'D BY LOCAL REG. <u>July 6-1949</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Krupscheld & Borchering</u>		ADDRESS <u>Hardin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 12

District Health Officer No. 8,

District File Number _____

Date Filed 7-13-49

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 _____

AUGUST BORCHERDING

Student Embalmer No. 237

working under my personal supervision.

Signed.. August Borcherding

Student Embalmer

Signed.. John W. Knipschild

Licensed Embalmer No. 2788

P. O. Address. Harder W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.