

Date: 27 Nov 2007

Researcher: Detia M. Roe

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2006-

Source of Data: Tennessee State Archives, Nashville, TN, #46-754

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY
USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

FORM 104

CERTIFICATE OF DEATH			
DEPT. OF PUBLIC HEALTH		STATE OF TENNESSEE	DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE		BUREAU OF THE CENSUS	
1. FULL NAME <u>GRACE LEONA LANGFORD HOLLIS</u>		2. DATE OF DEATH <u>MARCH 2,</u> 19 <u>46</u>	
3. PLACE OF DEATH:		4. USUAL RESIDENCE	
A) COUNTY <u>Shelby</u>	CIVIL DISTRICT	A) STATE <u>Tenn.</u>	CIVIL DISTRICT
B) CITY OR TOWN <u>Memphis</u>	(IF OUTSIDE CITY LIMITS, WRITE RURAL)	B) COUNTY <u>Tipton</u>	CITY OR TOWN <u>Covington, R#1</u>
C) NAME OF HOSPITAL <u>641 Keel Ave.</u>	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)	C) STREET NO.	(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) LENGTH OF STAY: IN HOSPITAL	IN COMMUNITY <u>6 wks.</u>	D) CITIZEN OF FOREIGN COUNTRY	(YES OR NO)
5. RACE OR COLOR <u>W</u>	6. SEX <u>F</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>	
8. AGE <u>77</u> YEARS MONTHS DAYS	IF LESS THAN ONE DAY		
9. DATE OF BIRTH: MONTH <u>July</u> DAY YEAR <u>1868</u>			
10. PLACE OF BIRTH: CITY OR COUNTY <u>Tipton</u> STATE OR COUNTRY <u>Tenn.</u>			
11. HUSBAND OR WIFE OF <u>W.R. Hollis</u>			
AGE OF HUSBAND OR WIFE IF LIVING <u>71</u> YEARS			
12. IF VETERAN NAME OF WAR	SOCIAL SECURITY NUMBER		
13. USUAL OCCUPATION <u>Housewife</u>			
14. INDUSTRY OR BUSINESS			
15. FULL NAME <u>Joseph Roe</u>			
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY <u>Tenn.</u>			
16. MAIDEN NAME <u>Frances Shankle</u>			
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY <u>Tenn.</u>			
17. INFORMANT <u>Mrs. Paul Cavnar</u>			
ADDRESS <u>641 Keel Ave. - Memphis</u>			
18. BURIAL, REMOVAL OR CREMATION <u>Removal</u> DATE <u>March 3, 1946</u>			
CEMETERY <u>Shiloh</u> PLACE <u>Near Covington, Tenn.</u>			
19. UNDERTAKER <u>Maley Funeral Home</u>			
ADDRESS BY <u>J.T. Eckford, Jr.</u>			
DATE FILED <u>3-4-</u> 19 <u>46</u>	REGISTRAR		
20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan. 14,</u> 19 <u>46</u> TO <u>March 2,</u> 19 <u>46</u>		AND THAT I LAST SAW HIM ALIVE ON <u>March 2, 1946</u>	
AND THAT DEATH OCCURRED ON THE DATE STATED AT <u>4:30 P</u>		IMMEDIATE CAUSE OF DEATH: <u>Carcinoma of cervix.</u>	
DUE TO:		DURATION	
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 2 MONTHS OF DEATH)		PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY	
OPERATION: FINDINGS			
AUTOPSY: FINDINGS			
21. 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 COUNTY STATE			
D) INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?			
WHILE AT WORK MEANS OF INJURY			
SIGNATURE <u>W.H. Cragg</u>		M.D.	
ADDRESS		DATE SIGNED <u>3/2/46</u>	