N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26229
Do not use this space.

1. PLACE OF DEATH
(a) County Pike — Registration District No. 686
(b) Township — Primary Registration District No. 4410 — Registered No. 9
(c) City Curryville — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDNA MADORA HOLMAN 455
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wylie P Holman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1864
7. AGE YEARS 73 MONTHS 11 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo

FATHER
13. NAME William A. Waugh 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co. Va. 1

MOTHER
15. MAIDEN NAME Mary Hodge 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo

17. INFORMANT (ADDRESS) Mrs. Earnest Rector
18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE July 14 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W S Waters Vandalia
20. FILED July 14 1938 Gene Hendrix Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 (2 PM) 1938
22. I HEREBY CERTIFY That I attended deceased from 7-8, 1938 to 7-12, 1938
I last saw her alive on 7-12, 1938 Death is said to have occurred on the date stated above, at 200 m.
The principal cause of death and related causes of importance were as follows:

Cancer of Liver 46 E

Date of onset

Other contributory causes of importance: Hyp. Pneumonia

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) T. H. Wilcoxen, M. D.
(Address) Bowling Green Mo

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.