

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

39475
 Do not use this space.

DEC 14 1938

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 826 Indiana 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 435 Frank Robert Holden

(a) Residence, No. 826 Indiana St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Holden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1889

7. AGE YEARS 49 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Exp. Read Worker
9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.
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) Joplin, Mo.

FATHER

13. NAME Horatio Holden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER

15. MAIDEN NAME Effie Spire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Edna Holden
826 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers DATE 11/18 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlbut Und. Co.
Joplin, Mo.

20. FILED 11-19-38 Ed D. Jarney
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 38

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Nov 15, 1938
 I last saw him alive on Nov 15, 1938. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:
myocarditis, etc.
hepatitis chronic
Arteriosclerosis

Other contributory causes of importance: 131

Date of onset
H/M
1925

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Yes
 (Signed) Guy J. Wierwille, M. D.
 (Address) 401 Olive Bldg Joplin
2075

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.

4
 11-19-38

RECEIVED

District Health Officer No. 6,

District File Number 6-38-707

Date Filed DEC 8 1938

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 Perry K. Kurland

Licensed Embalmer No. 959

P. O. Address Open view

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.