

REC'D APR 19 1939

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

11779

Do not use this space.

1. PLACE OF DEATH

(a) County Seminscot Registration District No. 601
(b) Township 1 Primary Registration District No. 4308
(c) City or Courthensville (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

436 "Unnamed" Holder
(a) Residence, No. 501 E. 7th St. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Courthensville
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Everett Holder

14. BIRTHPLACE (CITY OR TOWN) Down Creek
(STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Eloise Rogers

16. BIRTHPLACE (CITY OR TOWN) Paron Springs
(STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Everett Holder
Courthensville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blytheville, Ark DATE 3/7/39

19. FUNERAL DIRECTOR (NAME) La Forge Ind. Co.
(ADDRESS) Courthensville, Mo.

20. FILED March 7 1939 Ada Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 8:30 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-6-39 to 3-6-39, 1939

I last saw h. Still born on March 6, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Still born (pre-natal)
Cause unknown
Date of onset _____
Other contributory causes of importance: about 7 months

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 _____

(Signed) J. B. Tiller, M. D.

(Address) Courthensville

RECEIVED

District Health Officer No. 3,

District File Number 39-259

Date Filed 4-10-39

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.....

Not Embalmed

....., 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.