

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

31958  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan Co. Registration District No. 86

(b) Township #35 Washington Primary Registration District No. 5127

(c) City St. Joseph (d) Street No. Hunttown Rd #2 Registered No. 923

(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** Mrs. Sarah Frances Holt

(a) Residence, No. Hunttown Road #2 St.  St. Joseph (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6-1872

|           |          |          |          |                                  |
|-----------|----------|----------|----------|----------------------------------|
| 7. AGE    | YEARS    | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
| <u>67</u> | <u>7</u> | <u>7</u> | <u>1</u> |                                  |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Indianapolis Ind.

FATHER

13. NAME Wm. Merritt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind.

MOTHER

15. MAIDEN NAME Mary E. Daniels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Alabama

17. INFORMANT Mrs. J. L. White  
(ADDRESS) Hunttown Road #2 St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Savannah Mo DATE Sept-8, 1939

19. FUNERAL DIRECTOR Fred Terbrug  
(ADDRESS) Savannah Mo

20. FILED 9-8 1939 J. H. Nettleton  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1939, to 9/7, 1939.  
I last saw her alive on 9/4, 1939. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:  
Pyritic's Central exophthalmitis and Resection with Superciliary age

Other contributory causes of importance:  
Has been sick for a long time

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Abundant Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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? No  
If so, specify \_\_\_\_\_  
(Signed) J. H. Stoney, M. D.  
(Address) 2624 St. Joseph Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004  
30K-7-20-37

*Hand*

*1279*

RECEIVED  
1912

**STATEMENT BY LICENSED EMBALMER**

I, *J. Fred Terhune*, Licensed Embalmer No. *1279*  
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*  
 \_\_\_\_\_ L. E. \_\_\_\_\_  
 No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
 working under my personal supervision.

Signed *J. Fred Terhune*  
 Licensed Embalmer No. *1279*

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

31958

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86  
 (b) Township Washington Primary Registration District No. 5127 Registered No. 923  
 (c) City Washington (d) Street No. 0 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 Mrs Sarah Francis Holt

(a) Residence, No. 0 St. 0 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 7 1

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) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 1939

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-8 1939 J. J. West Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/7 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/7/39 to 11/7/39, 1939

I last saw h. alive on 11/7/39 1939 Death is said

to have occurred on the date stated above, at 11/7/39 m.

The principal cause of death and related causes of importance were as follows:

Cardiac arrest  
at age and  
with infarction of  
myocardium  
had been  
long time  
11/7/39

Other contributory causes of importance:

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 1939

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. J. Stamey, M. D.

(Address) 2634 St. Joseph Ave

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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