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

32625
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 3 Registration District No. 408
(b) Township 1 Primary Registration District No. 3020 Registered No. 193
(c) or City Carthage (d) Street No. County Jail Carthage, Mo. 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. 3 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Lee Holt
(a) Residence, No. 500 E. 4th St. Carthage 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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1896
7. AGE: Years 43 Months 7 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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) Sedalia Missouri

FATHER
13. NAME Marion Z Holt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lelia M. Colbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Shefiff Harry O. Rogers Carthage, Mo.
18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE Park Cemetery DATE 10-16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home Carthage, Mo.
20. FILED Oct. 16 1939 E. J. McIntire M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ....., 19....
I last saw him alive on Oct. 2, 1939 Death is said to have occurred on the date stated above, at 2:20 a.m. 10/2/39
The principal cause of death and related causes of importance were as follows:
Heart Black
Date of onset
95 W
Other contributory causes of importance:
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? View
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) A. A. Winchester Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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. 2222

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.