

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

39560
 Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Gasconade 2 Registration District No. 305
 (b) Township Cannon Primary Registration District No. 4184 Registered No. 31
 (c) City Owensville 1 (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

Holt Samuel Benjamin Holt
 (a) Residence, No. _____ 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 M 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 Marie E. Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 4 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Owensville (STATE OR COUNTRY) Mo.

13. NAME Harvey Holt

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

15. MAIDEN NAME Permelia Ann Leach

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

17. INFORMANT Mrs. Marie E. Holt (ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Removed to St. Louis, Mo. DATE 11-12-1939

19. FUNERAL DIRECTOR Lappmeyer & Murray (ADDRESS) Owensville, Mo.

20. FILED 11-10-1939 Arthur A. Barne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1939, to 11-9-1939. I last saw him alive on 11-9-1939. Death is said to have occurred on the date stated above, at 2:20 A. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 11-7-39
Coronary artery disease
Arteriosclerosis
Right sided cardiac failure 11-7-39

Other contributory causes of importance:
Hypertension - chronic

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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? no
 If so, specify _____
 (Signed) Arthur A. Barne, M. D.
 (Address) Owensville, Mo.

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, Robert M Murray, Licensed Embalmer No. 3749

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by Chester H. Sassmann, Registered Apprentice No. 216
working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

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.)