

DEC 18 1939

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

40454  
Do not use this space.

1. PLACE OF DEATH

(a) County Demiseet 2 Registration District No. 653  
(b) Township Concord 1 Primary Registration District No. 5865 Registered No. 95  
(c) City \_\_\_\_\_ (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. da.

2. PRINT FULL NAME 432 James Holtzford

(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 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) Aug-6-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
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) Clifton Tennessee

FATHER 13. NAME Ed Holtzford

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

MOTHER 15. MAIDEN NAME Myrtle Walker

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

17. INFORMANT (ADDRESS) Jimmie Wheeler 92, Postageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Postageville, Mo. DATE 10/30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) La Forge Und. Co. 1000 S. 1st St., Mo.

20. FILED 11/9 1939 Leard Kelley Local Registrar.

MEDICAL CERTIFICATE OF DEATH 10:40 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-29-1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ on Oct 21, 1939, to \_\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death \_\_\_\_\_ to have occurred on the date stated above, at 7 a.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance: 77

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) H. P. Kelley, M. D.

(Address) Postageville, 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.

RECEIVED

District Health Officer No. 3,

District File Number 1239-736

Date filed 12/14/39

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**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.....

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.**