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.

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

7367

Do not use this space.

1. PLACE OF DEATH

(a) County Marion — Registration District No. 548

(b) Township ~~Liberty~~ 2 — Primary Registration District No. 4323 — Registered No. 12

(c) City Palmyra 3 — (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. 22 mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Moore Holiday

(a) Residence, No. Palmyra, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1917

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	3	24	

OCCUPATION

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

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) Hannibal, Mo. 6

FATHER

13. NAME Henry Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

MOTHER

15. MAIDEN NAME - Buckner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo. 0

17. INFORMANT (ADDRESS) Mrs Joe Buckner Palmyra, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Palmyra Cemetery DATE 2/25/40 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED Feb 24 - 1940 Gertrude Lee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1940 to Feb 22, 1940

I last saw her alive on Feb 22, 1940. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

	Date of onset
Bronchial Pneumonia	Feb 12

Other contributory causes of importance: Syphilis 34

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + Halm 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 9

(Signed) Dr J. Mauner M.D.

(Address) Palmyra Mo

Licensed Embalmer's Statement on Reverse Side)

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 Geo. B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Mo.

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.

No. 2B
-2-21-40
MI X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7367

Registration District No. 548 Primary Registration District No. Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months, or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Helen M. Holiday
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
22	3	24	

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22-40
year hour minute M.
21. I hereby certify that I attended the deceased from 19, to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia — Duration
Due to Syphilis 3 4
Due to Did not involve pregnancy or puerperal state
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. F. Rosener (M. D. or other) D. O.
Address Palmyra Date signed