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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9601

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1035

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 16 years

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

3. (a) PRINT FULL NAME: Miss Maude B. Holton 435

3. (b) If veteran, name war: ____

3. (c) Social Security No.: 486-01-6060

4. Sex: Fe | 5. Color or race: Wh | 6. (a) Single, widowed, married, divorced: Sgl

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: August (Month) 29 (Day) 1889 (Year)

8. AGE: Years 50 | Months 6 | Days 7 | If less than one day: ____ hr. ____ min.

9. Birthplace: Sparks (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Agency Secretary

11. Industry or business: Nat'l Protective Ins. Co

FATHER
12. Name: Francis A. Holton, Sr.
13. Birthplace: N. Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emma Browning
15. Birthplace: Sparks (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: Gladys A. Holton
(b) Address: 4632 N. Keating Ave. Chicago Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 8-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Sparks, Kansas

18. (a) Signature of funeral director: J. N. Wagner
(b) Address: Kansas City, Mo.

19. (a) Mch 6, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 6th year: 1940 hour: 6 minute: 45 A. M.

21. I hereby certify that I attended the deceased from 2/24/40 to 3/5/40, 19__; that I last saw her alive on 3/5/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis	
Due to: Intestinitis	
Due to: Toxemia (Opinion = old; or Eclampsia)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: ✓
Of autopsy: Bacillus intestinitis BASILAR

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): no
(b) Date of occurrence: ✓
(c) Where did injury occur? ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) (Specify type of place)
While at work? ✓ (e) Means of injury: ✓

23. Signature: Edward Allen Lock (M. D. or other)
Address: 1010 Pryor Bldg. Date signed: 3/6/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edw. P. Heller
Professional Bldg.
VI 2852

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 Cecil R Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. 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.