

BUREAU OF THE CENSUS
FILED APR 22 1940
318

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 281

9
3
6

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

1. PLACE OF DEATH

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 1 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1911 N. Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ISAAC G. HOLT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lettie Holt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 29 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation machinist wet shops

11. Industry or business Machinist

MOTHER FATHER

12. Name Wm L Holt
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Elizabeth F Barton
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Lettie Holt
(b) Address 1911 N Franklin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. Klingner & Co

(b) Address Springfield Mo.

19. (a) 3/26/40 (Date received local registrar) (b) Chas. A. Gung (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 8
1940 to March 17, 1940
that I last saw he alive on March 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
Appendicitis ruptured 13 days
Due to _____

Due to _____ 59

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no autopsy

Duration
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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature E. Evans, Jr (M. D. or other) _____
Address 923 N. Main Date signed 3-18-40

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 William Gray Furd
Licensed Embalmer No. 407
P. O. Address Spring Hill

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.