

Registration District No. 318

Primary Registration District No. 5439

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Brunswick
(b) City or town Stonewall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Farm 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days) 20 years

8. (a) PRINT FULL NAME WILLIAM EDWARD HOLDERBY

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ella (Unknown) (c) Age of husband or wife if alive 60? years

7. Birth date of deceased October 12 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Stone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

MOTHER FATHER { 12. Name James Holderby
13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Kathleen McConnell
15. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Holderby

(b) Address Wilcox Creek, Mo.

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

(c) Place: burial or cremation Kaychawand

18. (a) Signature of funeral director F. C. Thieme

(b) Address Springfield, Mo.

19. (a) July 25, 1940 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Febr. 1
1940 19 _____ to July 11, 1940

that I last saw him alive on July 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Insufficiency 1930

Due to Pneumonia, Ch. 1925

Due to _____

Other conditions (include pregnancy within 3 months of death) 106A

Major findings: Of operations _____

Of autopsy _____

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?
at work

(Specify type of place) (e) Means of injury _____

Signature F. C. Thieme (M. D. or other) M. D.

Address Springfield, Mo. Date signed 7/26/40

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

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 *R. Williams*

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.

X