

SEP 19 1940
AUG 19 1940

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

28449
Do not use this space.

1. PLACE OF DEATH *Franklin 2*
 (a) County *Franklin* Registration District No. *295*
 (b) Township *Meramec* Primary Registration District No. *4179*
 (c) City *Sullivan* (d) Street No. *None* 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 *2* yrs. *None* mos. *None* da. (f) How long in U. S., if of foreign birth? *2* yrs. *None* mos. *None* da.
 2. PRINT FULL NAME *Died UNNAMED Holt*
 (a) Residence, No. *None* St. *None* (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) *Premature baby*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Premature baby*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-25-40*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, *2* hrs. or *46* min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None*
 9. Industry or business in which work was done, as saw mill, bank, etc. *None*
 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) *Sullivan - Mo*
 FATHER 13. NAME *Lawrence Holt*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rolla Missouri*
 MOTHER 15. MAIDEN NAME *Marie Follen (Holt)*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wilmer Texas*
 17. INFORMANT *Lawrence Holt* (ADDRESS) *Sullivan Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Buffalo Cemetery* DATE *8/26 1940*
 19. FUNERAL DIRECTOR *J T Williams* (ADDRESS) *Sullivan - Missouri*
 20. FILED *8/26/40* 1940 *Ch. Brantley*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-25-1940*
 22. I HEREBY CERTIFY, That I attended deceased from *8:10 P.M. 8-25-1940*, to *10:55 P.M. 8-25-1940*
 I last saw him alive on *8-25-1940*. Death is said to have occurred on the date stated above, at *10:55 P.M.*
 The principal cause of death and related causes of importance were as follows:
Premature infant
Died of respiratory failure
 Date of onset *Birth 8-25-40*
 Other contributory causes of importance: *154*
 Name of operation *none* Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) *T. Eugene Ruff* M. D.
 (Address) *Sullivan 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)