DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32507

Registration District No. 5318 1940 — Primary Registration District No. 5715 — Registrar's No. 60

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural Liberty Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Six miles north of Bevier, Mo.
(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 Missouri (b) County Macon
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Six Miles north of Bevier, Missouri. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Julia Holman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore Holman
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February 24, 1881 (Month) (Day) (Year)

8. AGE: Years 59 — Months 5 — Days 23 — If less than one day ____ hr. ____ min.

9. Birthplace Macon County (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business ____
FATHER
12. Name Albert Cook.
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Hern.
15. Birthplace Florida (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Theodore Holman.
(b) Address Bevier, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation Enon Cemetery.
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Missouri.
19. (a) 10/4/40 (Date received local registrar) (b) Leota Newton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1940 hour 6:45 minute A. M. M.
21. I hereby certify that I attended the deceased from ____, 1930, to Aug 17, 1940 that I last saw her alive on Aug 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Arteriosclerosis	1932±
Due to ____	
Due to ____	
Other conditions: Jacksonian (Include pregnancy within 3 months of death)	1940±
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 T F Turner (M. D. or other)
Address Macon Mo Date signed 8/2/40.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

Dr. Turner.

RECEIVED
District Health Officer No. 10
District File Number 10-40-1882
Date Filed OCT 9 1940

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.....

Licensed Embalmer No. 4066

P. O. Address Macon Ga.

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.