

FILED FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2727

Registration District No. 360

Primary Registration District No. 5505

Registrar's No. 1

## 1. PLACE OF DEATH:

- (a) County Hickory Center  
 (b) City, or town Herritage, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(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) 10 yrs

## 8. (a) PRINT FULL NAME

George W. Holt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No.
- none

4. Sex
- male
5. Color or race
- whit

6. (a) Single, widowed, married, divorced,
- widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased
- May 29, 1863
- 
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 
- 77
- 6
- 25
- hr. min.

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

10. Usual occupation
- Farmer

11. Industry or business \_\_\_\_\_

12. Name
- George W. Holt, Sr.

13. Birthplace
- Jerini
- 
- (City, town, or county) (State or foreign country)

14. Maiden name
- Sarah J. McKen

15. Birthplace
- Iowa
- 
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Martin Holt

- (b) Address
- Herritage, Mo

17. (a)
- burial
- (b) Date thereof
- 12 26 40
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Springfield, Mo

18. (a) Signature of funeral director
- JR Luckey

- (b) Address
- Wheatland, Mo.

19. (a)
- Jan 2 41
- (b)
- Annie McKinley
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Mo
- (b) County
- Hickory
- 43

- (c) City or town
- Herritage, Mo
- 
- (If outside city or town limits, write "RURAL")
- 0

- (d) Street No. \_\_\_\_\_ (If rural, give location)
- 0

- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Dec
- day
- 24
- 
- year
- 1940
- hour
- 4
- minute
- 30
- M.

21. I hereby certify that I attended the deceased from
- July
- 19
- 37
- to
- Dec 24
- , 19
- 40
- ,
- 
- that I last saw him alive on
- Dec 21
- , 19
- 40
- ;
- 
- and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure Duration \_\_\_\_\_Due to chronic myocarditis 4 yrs

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) HTA

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? \_\_\_\_\_

- 321

- While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature
- Doyle Bellum
- (M. D. or other)
- D

- Address
- Bellevue, Mo
- Date signed
- 1/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-161

Date Filed 2-3-41

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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

*J. H. Lueken*  
.....  
Licensed Embalmer No. 2982  
P. O. Address Wheatland 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.