S. No. 71-11-

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18780

Registration District No. 717 Primary Registration District No. 5946 Registrar's No.

1. PLACE OF DEATH:

(a) County PUTNAM Mo.

(b) ~~City or town~~ Newtown Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

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

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN BELL HOLX

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name ~~of husband~~ or wife Mary Ida HOLX

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased MARCH 5 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 7 If less than one day hr. min.

9. Birthplace MERCER Co. Omo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name JOHN HOLX
13. Birthplace TENN. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name RATIAL RENTRO.
15. Birthplace ~~Mo~~ Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Holt

(b) Address Newtown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Newtown Mo

18. (a) Signature of funeral director Judd & Payne

(b) Address Newtown Mo

19. (a) May 13 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1941 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from May, 1939 to May 12th, 1941; that I last saw him alive on May 12th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	1 wk
Due to chronic myocarditis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 H	

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)

644 While at work? (e) Means of injury 2

23. Signature [illegible] (M. D. or other) DO

Address Harris, Mo Date signed 5/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 T. Howard Judd

Licensed Embalmer No. B 240

P. O. Address Newtown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
—4-25-41
PI X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18780

Registration District No. 717 Primary Registration District No. 5946 Registrar's No.

1. PLACE OF DEATH:
(a) County Putnam
(b) ~~City or town~~ Mercer
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Bell Holt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 79 Months 2 Days 7 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) May 13-'41 (Date received local registrar) (b) E. Studebaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 C. G. Wise (M. D. or other)
Address Harris Mo. Date signed

SUPPLEMENTARY

S-18780 1941