No. 2
-4-41
17-39
X26390

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

FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21891

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2721 Rolla / (If not in hospital or institution, write street number or location)

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

In this community 30 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo — (b) County Jasper 41

(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")

(d) Street No. 2721 Rolla - 5 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mayme Holt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race W

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

6. (b) Name of husband or wife W. G. Holt

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept (Month) 18 (Day) 1881 (Year)

8. AGE: Years 59 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J. J. Bowman
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Cleary Ann Johnson
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mr W. G. Holt

(b) Address 2721 Rolla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-41 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark-Mem park Cem

18. (a) Signature of funeral director Mamhill-Dillon Mortuary

(b) Address Joplin, Mo 372

19. (a) 6-12-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1941 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 4, 1941, to June 10, 1941, that I last saw her alive on June 5, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Vasc. disease c̄ hypertrophy & myocarditis	Do not know
Due to arteriosclerosis	??
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 W	

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 A. L. Crawford (M. D. or other) P

Address 804 Frisco Bldg Joplin Mo. Date signed 6/11/41

(Licensed Embalmer's Statement on Reverse Side)

41-7-600

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 Cecilia Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, Mo.

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, fact should be so stated above.