S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25528

Registration District No. 508

Primary Registration District No. 4309

Registrar's No. 105

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

59
0
0

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chula
(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 1 (Specify whether

In this community 8 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Livingston

(c) City or town Chula 059
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME ROBERT M. HOLDEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W.

6. (a) Single, widowed, married, divorced m. 1

6. (b) Name of husband or wife Edna M. Holden

6. (c) Age of husband or wife if alive 18 yrs

7. Birth date of deceased July (Month) 19 (Day) 1941 (Year)

8. AGE: Years 71 | Months ✓ | Days ✓ | If less than one day hr. min.

9. Birthplace Livingston Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business Farming

FATHER
12. Name George S. Holden
13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Barnett
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Harry M. Holden

(b) Address Chula Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-1941 (Month) (Day) (Year)

(c) Place: burial or cremation May Cemetery

18. (a) Signature of funeral director T. E. P. Robertson

(b) Address Laredo Mo.

19. (a) 7-19-41 (Date received local registrar) (b) H. M. Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19 year 1941 hour 4th minute 50 A M.

21. I hereby certify that I attended the deceased from 7-14, 1941, to 7-19, 1941; that I last saw him alive on 7-18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic coma	3 days
Due to Chronic Glomerular Nephritis	years
Due to 1316	
Other conditions Cerebral hemorrhage (Include pregnancy within 3 months of death)	3 days

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 2

23. Signature D. K. McCrea (M. D. or other) DD

Address Chula Mo. Date signed 7-19-41

145

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1941

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 E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Laredo, 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.