

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1961

State File No. \_\_\_\_\_

FILED FEB 10 1942

Registration District No. 165

Primary Registration District No. 5234

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural-Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community X years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Rural-Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? X No (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7  
year 41 hour 10 minute A 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.

Immediate cause of death Coronary Occlusion Duration 30 min  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) gfa

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Dr. Wm. B. Richter (M. D. or other)  
Address Stockton, Mo. Date signed 12-8-41

3. (a) PRINT FULL NAME Marvin Elmer Holman

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche Holman 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. 10, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 0 27 X hr. X min.

9. Birthplace Cedar County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business X

12. Name Robert Holman

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

14. Maiden name Emma Younger

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

16. (a) Informant Blanche Holman

(b) Address Caplinger Mills, Mo.

17. (a) Burial (b) Date thereof 12-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway Cemetery

18. (a) Signature of funeral director W.C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) 1-17-42 (b) Mrs Myrtle Bright  
(Date received local registrar) (Registrar's signature)

1054 (Licensed Embalmer's Statement on Reverse Side)

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

20  
0  
0

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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 *Melvin Church*  
Licensed Embalmer No. *3272*  
P. O. Address *Stockton 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, fact should be so stated above.**