

Registration District No. **1974**

Primary Registration District No. **5382**

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

1. PLACE OF DEATH:
 (a) County... Douglas
 (b) City or town... Ava Springcreek
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community.
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Douglas
 (c) City or town... Ava Rural
 (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 Samantha Jane Holt
 3. (b) If veteran, name war. 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 2
 year 1942 hour 4 minute 10 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife... Addison Holt 6. (c) Age of husband or wife if alive... years
 7. Birth date of deceased... Feb 10 1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1942
 to Jan 1st 1942
 that I last saw her alive on Jan 1st 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death... Senile Mentat insufficiency

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>22</u>	hr. min.

Due to...
 Due to...
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations... 102b
 Of autopsy...

9. Birthplace Cambell Co. Tenn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation... Housewife

Duration
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business...
 12. Name... John Murray
 13. Birthplace... Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name... Marilda Unknown
 (City, town, or county) (State or foreign country)
 15. Birthplace... Unknown
 (City, town, or county) (State or foreign country)

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) (e) Means of injury.....

16. (a) Informant... Mrs. Vernon Streight
 (b) Address... Boonville Mo.
 17. (a) Burial (b) Date thereof 1-3-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation... Ava

23. Signature... [Signature] (M. D. or other)
 Address... Ava Date signed... [Date]

18. (a) Signature of funeral director... Clinkingbeard Funeral Home
 (b) Address... Ava, Missouri
 19. (a) 2/2/42 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

G. J. L. Prentiss

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.....

W. B. Hutchison

Licensed Embalmer No.....

3431

P. O. Address.....

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.