

FILED JAN 28 1942

Registration District No. 5782

Primary Registration District No. 4355

Registrar's No. 3

## 1. PLACE OF DEATH:

(a) County Morgan  
 (b) City or town Versailles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT  
FULL NAMEHoward Maxwell Holder3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married,  
divorced - 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased Oct 17 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>23</u>	hr. _____ min.

9. Birthplace Versailles Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Howard Holder13. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Morie Redman15. Birthplace Morgan County Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Howard Holder(b) Address Versailles, Mo.17. (a) Burial (b) Date thereof Feb 14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Versailles City Cemetery18. (a) Signature of funeral director W. F. Richards(b) Address Versailles, Mo.19. (a) 3-18-41 (b) Will F. Berry  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan  
 (c) City or town Versailles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13  
year 1941 hour 5 minute 45 A.M.21. I hereby certify that I attended the deceased from Feb. 8  
1941 to Feb 13 1941that I last saw him alive on FEB 13 1941  
and that death occurred on the date and hour stated above.Immediate cause of death Toxemia Duration \_\_\_\_\_Due to Pneumonia ✓

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 sta-  
tistically.

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 323. Signature Dr. L. Highland (M.D. or other) D.O.Address Versailles, Mo. Date signed 2/13/41

RECEIVED

District Health Officer No. 7

District File Number 12-41-2213

Date Filed 1-15-42

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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.....

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.

Registration District No. **598**

Primary Registration District No. **4355**

Registrar's No. ....

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

1. PLACE OF DEATH:  
 (a) County Morgan  
 (b) City or town Versailles  
(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 in this community years, months or days)

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 Howard M. Holder  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 13 year 1941 hour..... minute..... M.

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced 8  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from..... 19.....  
 that I last saw him..... live on..... 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

7. Birth date of deceased Oct 17 1904  
(Month) (Day) (Year)  
 8. AGE: Years — Months 3 Days 23  
If less than one day in min.

Due to pneumonia  
respiratory tract infection  
 Due to.....

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

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

10. Usual occupation.....

Major findings: Of operations..... 109:1

11. Industry of business.....

Of autopsy.....

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.....

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....

17. (a)..... (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation.....

(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) Years of injury

18. (a) Signature of funeral director.....  
 (b) Address.....

23. Signature Dr. J. H. ... (M.D. or other) D.O.  
 Address 229 East High St. Date signed 3/1/42  
Jefferson City, Mo

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

SUPPLEMENTARY

