

FILED APR 3 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 321 Hovey St.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 039
(c) City or town Springfield
(If outside city or town limits, write "RURAL") 6
(d) Street No. 321 Hovey
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Harold Clark Holt

3. (b) If veteran, name war none 3. (c) Social Security No. 491-05-2560

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Davis Holt 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Feb 5 1910
(Month) (Day) (Year)

8. AGE: Years 1 32 Months 1 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

MOTHER FATHER { 12. Name Addison C. Holt
13. Birthplace Italy Texas
(City, town, or county) (State or foreign country)
14. Maiden name Jean Kemp
15. Birthplace Camp Point Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Holt
(b) Address 321 Hovey - Springfield Mo

17. (a) Burial (b) Date thereof 3 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brighton Cemetery

18. (a) Signature of funeral director Benell Brown
(b) Address Walnut Grove Tmo

19. (a) 3-14-42 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1942 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from 3-10-42
_____ 19____ to 3-12-42 19____
that I last saw him alive on 3-12-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Kidney infection (one kidney previously removed)
Due to Chr. Kidney stones

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

Major findings: Of operations 1/3/42 PHYSICIAN _____
Of autopsy _____ 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 _____
23. Signature W. H. Buse (M. D. or other) _____
Address 410 Washburn Bldg Date signed 3/13/42

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

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JUL 15 1946

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.....

J. H. Birch

Licensed Embalmer No. *3856*

P. O. Address *W. Grove, 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.