

Registration District No. 8753 1942

Primary Registration District No. 3039

108
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County. VERNON
(b) City or town. NEVADA
(c) Name of hospital or institution: CITY HOSPITAL - 0
(d) Length of stay: In hospital or institution. FOUR DAYS
In this community. FIFTY YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State. MISSOURI (b) County. BATES
(c) City or town. RURAL
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME. J. ROBERT HOLT
3. (b) If veteran, name war. X
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 6th
year 1942 hour 11 minute - AM.

4. Sex. MALE
5. Color or race. WHITE
6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. HELEN HOLT
6. (c) Age of husband or wife if alive. 53 years
7. Birth date of deceased. SEPTEMBER 4 1879

21. I hereby certify that I attended the deceased from May 5 1942 to May 6 1942
that I last saw him alive on May 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 8 Days 2

Immediate cause of death. Ruptured Appendix with Peritonitis with Severe Myocarditis.

9. Birthplace. CALLAWAY, CO. MISSOURI

Due to. _____

10. Usual occupation. FARMER

Other conditions. _____

11. Industry or business. _____
12. Name. JOE HOLT
13. Birthplace. UNKNOWN
14. Maiden name. UNKNOWN
15. Birthplace. UNKNOWN

Major findings: Of operations. _____
Of autopsy. _____

16. (a) Informant. Helen Holt
(b) Address. Rich Hill, Mo.

22. If death was due to external causes, fill in the following:

17. (a) BURIAL (b) Date thereof. MAY 8 1942
(c) Place: burial or cremation. GREENLAWN

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director. Booth
(b) Address. Rich Hill, Mo.

While at work? _____
(Specify type of place) _____
(e) Means of injury _____

19. (a) May 13 1942 (b) Elizabeth Burkhardt
(Date received local registrar) (Registrar's signature)

23. Signature. W. Love
Address. Nevada, Mo. Date signed 5/7/42

Duration appendix ruptured about 4 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 6-42-544

Date Filed 6-2-42

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.....

John B. Underwood

Licensed Embalmer No. 3885

P. O. Address Butler 2nd

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.