

ALSO JUL 10 1942

Registration District No. **378**

Primary Registration District No. **5527**

Registrar's No. **37**

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

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **R. F. D. Higbee Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bonne Femme**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **73 years** (Specify whether
In this community **73 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **How**
(c) City or town **R. F. D. Higbee Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **"RURAL" Bonne Femme Twp.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Thomas A. Holtzclaw**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **I** years **1868** (Day) (Year)

7. Birth date of deceased **Oct** **I** **1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 **6** **30** hr. min.

9. Birthplace **Howard Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **James Holtzclaw**

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

14. Maiden name **Mary Warford** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Thomas A Holtzclaw**

(b) Address **R. F. D. Higbee Mo.**

17. (a) **Burial** (b) Date thereof **June 2 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **New Hope, Howard Co.**

18. (a) Signature of funeral director **Joe W Burton**

(b) Address **Higbee Mo.**

19. (a) **June 9, 42** (b) **Thomas S. Denny**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
year **1942** hour **10** minute **p** M.

21. I hereby certify that I attended the deceased from **May 27** to **May 31** 1942
that I last saw him alive on **May 27** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**
Duration

Due to **1**
Due to **93%**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **-**
Of autopsy **nil**
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) (c) Means of injury **0**

23. Signature **J. H. Higbee** (M. D. or other)

Address **Higbee Mo** Date signed **6/1/42**

1224

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 7-8-42

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

W. B. Stanfield

Licensed Embalmer No.

2647

P. O. Address

Macon 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.