

S. No. 2
— 9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23945
Registrar's No. 207

FILED AUG 7 1942

Registration District No. 89 Primary Registration District No. 2007

12
7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Butler County
(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South 12th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. South 12th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jerry Thomas Holt
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day fifth
year 1942 hour 7 minute 45 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Betty Ann Holt
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 4 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-15
1942 to 7-5 1942
that I last saw him alive on 7-5 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration _____

8. AGE: Years 87 Months 5 Days 1
If less than one day _____ hr. _____ min.

Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 83a
Major findings:
Of operations none
Of autopsy none

9. Birthplace Massac County Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer Retired

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? _____

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

16. (a) Informant Mrs. Clyde Hogg
(b) Address Poplar Bluff, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Undertaking Co.
(b) Address Poplar Bluff, Missouri
19. (a) 7-7-42 (Date received local registrar) (b) Bill Turner (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Bill Turner (M. D. or other)
Address Poplar Bluff, Mo. Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 842-933

Date Filed 8-4-42

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 Prover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, 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.