V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24663

State File No.

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora Ann.
(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 Aurora Hospital (Specify whether
In this community 6 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Cassville - Rural 0
(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 1

3. (a) PRINT FULL NAME Carl Holder

3. (b) If veteran, name war

3. (c) Social Security No. 478-28-9976

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Feb (Month) 27 (Day) 1912 (Year)

8. AGE:	Years	Months	Days	If less than one day
~~30~~	30	4	28	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William David
13. Birthplace Butterfield Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mandy Brewer
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nettie Holder
(b) Address Cassville, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director W. O. Kaan
(b) Address Cassville, Mo

19. (a) July 25 1942 (Date received local registrar) (b) Eunice Greene by am (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day July
year 1942 hour 9:45 minute a M.

21. I hereby certify that I attended the deceased from 7-25, 1942, to 7-25, 1942
that I last saw him alive on 7-25, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Skull fracture	12 hrs
Due to Shock	
Due to Comp. post. at Arm	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

170 C 4 27

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) accident 005
(b) Date of occurrence 7-25-42
(c) Where did injury occur? Cassville (City or town) Barry (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Massette to Cassville auto
(Specify type of place)
While at work? No (e) Means of injury 0

23. Signature R A Cowan (M. D. or other)
Address Aurora, Mo Date signed 7/25/42

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1201
Date Filed AUG 11 1942

Mrs Addison
Marianville
Self-have exchange

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 E. Myers

Licensed Embalmer No. 3220

P. O. Address Cassville, 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.