

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27866

FILED SEP 10 1942

Registration District No. 4390

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Hayt. mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Hayt. mo.  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Claude D. Holder

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gerada Holder 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. 9-15 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion mo (City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business Dentist office

12. Name John Holder

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claude Holder

(b) Address Hayt. mo.

17. (a) Removal (b) Date thereof 8-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Merada mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Hayt. mo.

19. (a) 8-11-42 (b) Mrs. P. H. Sherry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10  
year 1942 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 10, 1942 to Aug. 10, 1942  
that I last saw him alive on Aug. 10, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis, Hypertensive Myocarditis, Hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (2) Means of injury 0

23. Signature W. B. Bond, M.D. (M. D. or other) \_\_\_\_\_  
Address Hayt. mo. Date signed 8-11-42

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9-42-3

SEP 16 1942

~~94 52 a1~~  
~~5681-51-6~~  
~~1461-07-61~~

**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 Jack Kelly  
Licensed Embalmer No. 3788  
P. O. Address Hayth Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Bernsart } ss.

State File No. 27866  
Local Registrar's No. 54

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of <sup>birth</sup> death  
for Claude D. Holder, died August 10, 1942 in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 7 should read Sept. 15 - 1894

Instead of Sept 15 - 1895

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 8 should read 47 years 10 months 25 days

Instead of 46 years " " "

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Claude U Holder wife  
Relationship.

Neovada, Mo - Box 423  
Present Address.

Subscribed and sworn to before me this 25 day of September, 1942

My Commission expires March 15, 1944 Kilma S. Gardner Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 28 1952