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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Quenewille Rural Cass
(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 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade

(c) City or town Quenewille (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Forest Ronnie Holt

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th
year 1942 hour 76 minute 30 A.M.

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

21. I hereby certify that I attended the deceased from Aug. 5, 1942, to Aug. 7, 1942, that I last saw him alive on 8-6, 1942, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 5 - 1942
(Month) (Day) (Year)

Immediate cause of death Cardiac Dilatation Duration Terminal

8. AGE: Years _____ Months 2 Days _____ If less than one day _____ hr. _____ min.

Due to Patent Foramen Ovale 2 1/2 dys.

9. Birthplace Quenewille Mo
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Infant

Other conditions (include pregnancy within 3 months of death) 157e

11. Industry or business _____

Major findings: Of operations _____

MOTHER: FATHER: { 12. Name James A. Holt

13. Birthplace Quenewille Mo
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Brian Pryor

15. Birthplace Tulsa, Okla. 1
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant James A. Holt

(b) Address Quenewille, Mo.

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

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

(c) Place: burial or cremation Liberty Cem. Paines Mo.

(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? _____

18. (a) Signature of funeral director Lappmeyer - Murray

(b) Address Quenewille, Mo.

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

19. (a) Aug. 8, 1942 (b) Myrtle M. Werbel
(Date received local registrar) (Registrar's signature)

23. Signature Paul A. Bennett (M. D. or other) MD
Address Quenewille, Mo. Date signed 8-9-42

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.....

Not Embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed *Robert M. Murray.*

Licensed Embalmer No. *3749*

P. O. Address *Owensville, 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, above space should be left blank.