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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 360 | Primary Registration District No. 6225 | Registrar's No. 13

108

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 yr 4 mo, 22 dys (Specify whether years, months or days)

In this community: —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

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

(d) Street No.: 2117 Front St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: Benjamine H. Holt

3. (b) If veteran, name war: no

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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 (Month) 7th (Day) 1921 (Year)

8. AGE: Years 21 | Months 5 | Days 16 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Benjamine Holt
13. Birthplace: Mountain Grove (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name: Collista Metcalf
15. Birthplace: K.C. (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant: State Hospital Records
(b) Address: Nevada, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Mo.

18. (a) Signature of funeral director: Allen V. Sharp
(b) Address: Nevada Missouri

19. (a) 1-23-43 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 23rd year: 1943 hour: 12 minute: 25 P.M.

21. I hereby certify that I attended the deceased from Sept 1st, 1939, to Jan 23rd, 1943 that I last saw him alive on Jan 23rd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious anemia	
Due to	
Due to	
Other conditions: Insanities (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: No

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

23. Signature: G. S. Warack D (M. D. ~~or other~~)
Address: Nevada Date signed: 1/23/43

1531 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-43-63
Date Filed 2-4-43

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 Allen E. Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada 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.