

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20859

State File No.

FILED JUN 29 1943

Registration District No.
Primary Registration District No. 1000

Registrar's No. 697

1. PLACE OF DEATH:

(a) County... Buchanan
(b) City or town... St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 10 days Hosp
(Specify whether years, months or days) 10 days

3. (a) PRINT FULL NAME Charles William Holder

3. (b) If veteran, name war... no 3. (c) Social Security No. none

4. Sex m 0 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased... July 4, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 4 hr. min.

9. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation... Common Laborer

11. Industry or business

12. Name Frank Holder

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name May Holder

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

16. (a) Informant Fred Droz

(b) Address Elwood, Kansas

17. (a) Removal (b) Date thereof 6-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Wathens, Kansas.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address St. Joseph, Mo.

19. (a) 6-9-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Elwood
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 9 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1943 hour 2 minute 09 AM

21. I hereby certify that I attended the deceased from May 1st,
1943 to June 8th, 1943;
that I last saw him alive on June 8th, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death... Cirrhosis of liver

Due to... 124 fl

Due to... 124 fl

Other conditions... (Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy None

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? John H. Swales (Specify type of place) (e) Means of injury

23. Signature John H. Swales M.D. Date signed 6-8-1943

Address Wathens, Kan

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

MOTHER FATHER

1233

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..... *A. D. Doads*

Licensed Embalmer No. *Mo 3023*

P. O. Address. *Wathena Kan*

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.