

AUG 11 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4631 East 7th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution. **10 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Audie Holder
 (b) If veteran, name war **No**
 (c) Social Security No. **510-12-4815**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband by wife **Mr. Frank N. Holder**
 (c) Age of husband or wife if alive **48** years
 7. Birth date of deceased **April 1 1889**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 54 | 3 | 28 | hr. min. |

9. Birthplace **South Dakota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER
 11. Industry or business
 12. Name **Levy Wright**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Cordelia McGee**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Frank N. Holder**
 (b) Address **4631 East 7th Street**

17. (a) **Burial** (b) Date thereof **Aug. 2, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Brookings Cemetery**

18. (a) Signature of funeral director **D. V. Newcomer Sons**
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **7-31-43** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4631 East 7th Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **29th** year **1943** hour **3** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** to **19** that I last saw him **alive on** **19** and that death occurred on the date and hour stated above.

Immediate cause of death: **Gunshot wounds of chest.**
 Due to **166**

Other conditions: **(Include pregnancy within 3 months of death)**

Major findings: **See Above**
 Of operations
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Homicide**
 (b) Date of occurrence **July 29, 1943**
 (c) Where did injury occur **Kansas City Jackson Mo**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work **No** (Specify type of place)
 (b) Manner of injury **Gunshot**
 23. Signature **Grace Warner** (M. D. or other)
 Address **25 M. Coey** Date signed **8/29/43**

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 *A. C. Newcomer*
Licensed Embalmer No. 4043
P. O. Address *R. C. No.*

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.