

AUG 23 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 654

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 hours
(Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 638 North Franklin
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Genieve Holt

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: May 2, 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Cecil Holt

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

14. Maiden name Mabel Nancy Essary

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

16. (a) Informant M. Cecil Holt

(b) Address 638 N. Franklin, Springfield, Mo.

17. (a) Burial (b) Date thereof 8-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shenandoah Cem.

18. (a) Signature of funeral director F. C. Thompson

(b) Address 1100 Boonville St. S.W. Mo.

19. (a) 8-12-43 (b) B. W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1943 hour 3:55 minute 17 M.

21. I hereby certify that I attended the deceased from 8-11 1943 to 8-12-43, 1943;
that I last saw him alive on 8-11-43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular intoxication 3d.

Due to Chronic intestinal indigestion 2 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1612

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? _____

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

23. Signature Urban Busch (M. D. or other) _____

Address Springfield, Mo. Date signed 8-12-43

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

MOTHER FATHER

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.

was not embalmed
Signed *F. C. Thieme*

Licensed Embalmer No. *2899*

P. O. Address *Spfld., 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.

X