

FILED DEC 8 1943

State File No. _____

Registration District No. 227

Primary Registration District No. 5809

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township) 10 1/2 miles N.W. of Danville Mo.

(c) Name of hospital or institution: 2 miles east of Danville Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: St Louis

(a) State Missouri (b) County St Louis

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

(d) Street No. 2 miles east of Danville Mo. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harry G. Holt

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-09-5217

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th year 1943 hour 7 minute 15 P.M.

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Holt 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug 1 st 1899 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

44	4	14	hr. _____ min.
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Immediate cause of death Coronary Thrombosis Duration _____

9. Birthplace New Bloomfield Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Machine Worker

11. Industry or business xx

Due to _____

Due to _____

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

MOTHER FATHER

12. Name James W. Holt

13. Birthplace New Bloomfield Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Jane Foster

15. Birthplace New Bloomfield Mo. (City, town, or county) (State or foreign country) 0

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elsie Holt

(b) Address 2357 Tennessee St. Danville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director C.W. Hopkins

(b) Address Montgomery City Mo.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Nov 14, 1943

(c) Where did injury occur? Montgomery Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Driving Car on Highway #40 (Specify type of place)

While at work? _____ (e) Means of injury _____

19. (a) Nov. 15-1943 (Date received local registrar) (b) Mrs. Elsie Holt (Registrar's signature)

23. Signature F. J. Ball J.P. @ King Coroner (M. D. or other) Jonesburg Mo Date signed 11-14-43

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

DEC 9 1943

APR 10 1953

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 on the 14 th
day of Nov 1943....., Registered Apprentice No.....
working under my personal supervision.

Signed C. W. Hopkins.....

Licensed Embalmer No. I487.....

P. O. Address Montgomery City 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.