S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41630

Registration District No. 6 Primary Registration District No. 1000 Registrar's No. 1305

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: Mercy Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community Lifetime.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

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

(d) Street No.: R.F.D. #1
(If rural, give location)

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

3. (a) PRINT FULL NAME: Emma Nora Holt

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Alvin Holt

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: April (Month) 15 (Day) 1879 (Year)

8. AGE: Years 64 Months 7 Days 6 If less than one day hr. min.

9. Birthplace: Easton (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Wareen Massey
13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Emma Brumfield
15. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Mrs. Rachel Wright
(b) Address: R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Blakeley Cemetery.

18. (a) Signature of funeral director: Herman W. Siebenfaden
(b) Address: 1802 Union St. St. Joseph Mo.

19. (a) 11-23-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1943 hour 1 minute 35 p M.

21. I hereby certify that I attended the deceased from November 20, 1943 to November 21, 1943; that I last saw h.e.r. alive on November 21, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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: Dr. Henry P. Kenz (M.D. or other) D.O.
Address: 823 Faraon St. Date signed 11/21/43 St Joseph, Mo

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Herman Wm Sidenfaden

Licensed Embalmer No. 2728.

P. O. Address St. Joseph 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.