S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2870

FILED JAN 25 1944

Registration District No. 138 — Primary Registration District No. 2000 — Registrar's No. 48

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: 713- Washington 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. 713- Washington (If rural, give location)

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

If yes, name country O

39 2 6

3. (a) PRINT FULL NAME LAURA HOLDER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jack Holder

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

7. Birth date of deceased July (Month) 29 (Day) 1878 (Year)

8. AGE: Years 65 Months 5 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Florence (City, town, or county) Kans. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harvey Patterson
13. Birthplace (Unknown) (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Geneva (Unknown)
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Gladys Wallace

(b) Address 713- Washington, Spfd., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- 17- 44 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Lincoln Memorial

(b) Address H. V. Smith - 702 - N. Jefferson

19. (a) 1-17-44 (Date received local registrar) (b) D W E Holiday (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 12 year 44 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 24, 1943 to Jan 12, 1944 that I last saw her alive on Jan 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 b

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 O

23. Signature Henry F Knabb MD (Or other)

Address 450½ E Comm Springfield Mo. Date signed 1-15-44

787 (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 .....

Licensed Embalmer No. H. V. Smith

P. O. Address 4286

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.