

No. 2  
1-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 289

Registration District No. \_\_\_\_\_

Primary Registration District No. 3078

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 115 S Caldwell  
(If not in hospital or institution, write street number or location)

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

In this community 15 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 115 S Caldwell  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH MARGARET HOLT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Holt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 16 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Macon County - Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Kirby

13. Birthplace Randolph Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha King

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

16. (a) Informant Mrs. Elizabeth Love

(b) Address Wheeling - Mo.

17. (a) Burial (b) Date thereof Feb 4 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robt Hill Cemetery - Brookfield

18. (a) Signature of funeral director Hill Funeral Chapel

(b) Address Brookfield Mo

19. (a) 2-4-1944 (b) H N Saman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1944 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 17, 1941, to Feb 2, 1944, that I last saw her alive on Feb 2, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Adeno carcinoma of Breast (Left)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions carcinoma of lung (transferred)  
(Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy \_\_\_\_\_

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 Roy Haley (M. D. or other) MD  
Address Brookfield Date signed 2/4/44

Duration

4 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7658

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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. R. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield, N.*

**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.**