

Registration District No. 375

Primary Registration District No. 2655

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 723 days
(Specify whether years, months or days)
In this community 723 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Bertrand
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Maudie Frances Holt

3. (b) If veteran, name war no 3. (c) Social Security No. 497-18-2308

20. DATE OF DEATH: Month Feb. day 25 year 1944 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 4, 1942, to Feb. 25, 1944.

that I last saw her alive on Feb. 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis over 2 yrs.

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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? _____

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

23. Signature E. E. Coffman (M. D. _____)
Address Mo State Sanatorium Date signed 2-25-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	55	6	27	hr. _____ min.

9. Birthplace Water Valley Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name James Franklin Barton

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

14. Maiden name Frances Ann Williams

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo State San, Mount Vernon

17. (a) Removal (b) Date thereof 2-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston Mo

18. (a) Signature of funeral director Geo. O. Orr

(b) Address Mo Vernon Mo

19. (a) 2-28-44 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 344-328

Date Filed MAR 15 1944

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.