

2
43
39
35897

FILED JUL 11 1944

Primary Registration District No. 4133

Registrar's No. 64

1. PLACE OF DEATH:

(a) Country Clay
(b) City or town Kearney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution.
In this community All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Clay 24
(c) City or town Kearney 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARTHA FRANCIS Holt

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 3-1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 4 hr. min.

9. Birthplace Clay co mo 0
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Roberson

13. Birthplace mo 0
(City, town or county) (State or foreign country)

14. Maiden name Alvira Reames

15. Birthplace mo 0
(City, town or county) (State or foreign country)

16. (a) Informant Albert Holt

(b) Address Kearney

17. (a) Burial (b) Date thereof June 9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int Albert - Kearney

18. (a) Signature of funeral director Edward Fry

(b) Address Kearney

19. (a) June 11 1944 (b) Allen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1944 hour 4 minute 15 AM.

21. I hereby certify that I attended the deceased from Sept. 1942 to June 7, 1944
that I last saw h. l. alive on June 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Temporary Occlusion

Due to Arteriosclerosis

Due to

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

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) (e) Means of injury

23. Signature Gust Anderson (M. D. 0)
Address Liberty mo Date signed 6/9/44

Duration Sudden
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

7-10-44

Date Filed

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..... *Leonard Gray*

Licensed Embalmer No. *1677*

P. O. Address *Kearney*

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.