

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 2 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 605

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: O'Reilly General Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 64 days
(Specify whether years, months or days)
In this community 64 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 907
(c) City or town Houston
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 8 minute 35 A.M.
21. I hereby certify that I attended the deceased from 17 May
1944 to 19 July 1944
that I last saw him alive on 19 July 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial infarction Duration 64 days

3. (a) PRINT FULL NAME JAMES R. HOLT

3. (b) If veteran, name war World War II 3. (c) Social Security No. unk.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Besse L. Holt 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 25, 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Raymondville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Self

12. Name Garrett Holt

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

14. Maiden name Hattie Carrie

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

16. (a) Informant Mrs Besse L. Holt

(b) Address Houston, Mo.

17. (a) Removal (b) Date thereof July 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 4-26-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to Coronary insufficiency and arteriosclerosis, generalized

Due to _____

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

Major findings: Of operations ---

Of autopsy Confirmation of above

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 [Signature] (M. D. or other)

Address O'Reilly General Hospital Date signed 7-19-44

Spid., No. _____

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

39
26

PHYSICIAN

Underline the cause to which death should be charged statistically.

A report submitted to the Bureau of the Census

AUG 31 1944

DEC 8 1943

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 *Walter E Hamilton*
Licensed Embalmer No. *3808*
P. O. Address *Springfield 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.