

FILED JUL 26 1944

Registration District No. 126

Primary Registration District No. 2001

Registrar's No. 325

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

1. PLACE OF DEATH:

(a) County Joplin  
(b) City or town Joplin  
(c) Name of hospital or institution: Freemans Hospital  
(d) Length of stay: In hospital or institution 2 Days  
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee  
(c) City or town Galena  
(d) Street No. 920 Joplin  
(e) Citizen of foreign country? No.  
If yes, name country U.S.

3. (a) PRINT FULL NAME HARRY RAYMOND HOLDEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 702-10-3472

4. Sex M. 5. Color or race W. 6. (a) Single (b) Married

6. (b) Name of husband or wife Bessie J. Holden 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Jan. 28 1886

8. AGE: Years 58 Months 4 Days 30 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Galena Kansas

10. Usual occupation Railroader

11. Industry or business M. K. & T. Ry.

12. Name Dennis Holden

13. Birthplace Unknown

14. Maiden name Elizabeth Frazer

15. Birthplace Unknown

16. (a) Informant Bessie Holden (b) Address 920 Joplin Galena Kans.

17. (a) Burial (b) Date thereof 6-29-44 (c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Boice Wood Co. J. P. D. (b) Address Galena Kansas

19. (a) 7/9-44 (b) Gertrude [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1944 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from June 21 1944 to June 27 1944 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1944 and that death occurred on the date and hour stated above

Immediate cause of death: Cardiac hypertrophy  
interstitial nephritis

Due to Hypertension

Due to 13/a

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. B. Browne M.D. (M. D. or other) \_\_\_\_\_ Address Galena Kans. Date signed 7/9/44

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

44-6-569

DEC - 5 1945

MAR 24 1953

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.....

*John A. Schoeneman*, ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed: *John A. Schoeneman*

Licensed Embalmer No. *1443*

P. O. Address. *Galena, Kansas*

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.