

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **246**

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

64
3
4

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2718 Garrol ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 7770 (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 2718 Garrol ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nathan Holman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-079621

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Argelia Holman 6. (c) Age of husband or wife if alive 31
7. Birth date of deceased 7 18 89
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 11 If less than one day hr. _____ min. _____

9. Birthplace New London 770 0
(City, town, or county) (State of foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name No Record
13. Birthplace _____
14. Maiden name Betty Jab
15. Birthplace _____

16. (a) Informant Mrs Nathan Holman
(b) Address 1917 Spruce ST

17. (a) 7 Burial (b) Date thereof 7 23 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London

18. (a) Signature of funeral director Mrs. E. Roberts

(b) Address Hannibal Mo

19. (a) 7-25-44 (b) RW Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 year 44 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 11-44 to July 20-44
that I last saw him alive on July 20-44 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 52 lb

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 Hannibal Mo (M. D. or other) MD

Address Hannibal Mo Date signed 7/20/44

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 Harold G. Roberts

Licensed Embalmer No. 2113

P. O. Address Steel Hannibal

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.