S. No. 2
M—8-43
7. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1944

Registration District No. 167

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34562

Primary Registration District No. 4256

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Johnson
(b) City or town: Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West 5th Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson 51
(c) City or town: Holden 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.: West 5th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: xxxx 0

3. (a) PRINT FULL NAME: LESLIE ORESTES HOLIDAY

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white 1

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Della B. Holiday

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: December 28, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	21	hr. min.

9. Birthplace: New Market, Taylor Co. Iowa (City, town, or county) (State or foreign country) 1

10. Usual occupation: Retired bookkeeper

11. Industry or business: same

FATHER
12. Name: Abrahm Holiday
13. Birthplace: Iowa (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Melinda Murray
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Della B. Holiday 1
(b) Address: Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden, Missouri.

18. (c) Signature of funeral director: Canaday and Ropp
(b) Address: Holden, Missouri.

19. (a) 9-27-44 (Date received local registrar) (b) Rathryne S. Canaday Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 19 year 1944 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from May 1943, 19__, to September 18, 1944; that I last saw him alive on Sept 19, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial infarct(ruptured)	24 hrs
Due to: coronary occlusion o f gradual progression	2 years
Due to: Rheumatic heart, and chronic cardiorenal failure	10 yrs.

Other conditions (Include pregnancy within 3 months of death): extensive oral sepsis, and 2/4/44, severe erysipelas face and scalp

Major findings: Of operations: no surgery

Of autopsy: no autopsy

131b

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature: M. G. Thompson (M. D. or other) 0
Address: Holden Mo Date signed 9-22-44

1002 (Licensed Embalmer's Statement on Reverse Side)

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 M. L. Conaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.