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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1944

Registration District No. 267

Primary Registration District No. 3049

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County PEMISCOT
 (b) City or town HAYTI
 (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)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

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

3. (a) PRINT WILLIAM HENRY HOLDEN
 FULL NAME
 3. (b) If veteran, NO name war.....
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCTOBER day 31
 year 44 hour 11 minute 45 A. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife FRANCES HOLDEN
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased MARCH 16 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 31, 1944 to Oct. 31, 1944.
 that I last saw him alive on Oct. 31, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>25</u>	hr. min.

Immediate cause of death
General Hemorrhage

9. Birthplace CAMDEN TENN.
 (City, town, or county) (State or foreign country)

Due to Anterior classis
 Due to

10. Usual occupation RETIRED
 11. Industry or business FARMING

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 82a
 Of autopsy

12. Name ENOCH HOLDEN
 13. Birthplace CAMDEN TENN.
 (City, town, or county) (State or foreign country)
 14. Maiden name ISABELL HOLEMAN
 15. Birthplace CAMDEN TENN.
 (City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. FRANCES HOLDEN
 (b) Address HAYTI MO.
 17. (a) BURIAL. (b) Date thereof 11/2/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation HAYTI MO.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director VALHALLA FUNERAL HOME
 (b) Address HAYTI MO.
 19. (a) 11.11.1944 (b) J.A. Johnson
 (Date received local registrar) (Registrar's signature)

23. Signature J.A. Johnson M.D. (M. D. or other)
 Address Hayti Mo. Date signed

1327

11-44-273

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 Jack Kelley
Licensed Embalmer No. 3788
P. O. Address HAYTI 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.