

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2556  
Registrar's No. 46

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
731 Wall  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 7 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mitchell Holt

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 10 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	9	13	hr. min.

9. Birthplace Bellefonte Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Car Saleman

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Joseph R Holt

13. Birthplace Bellefonte Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Coffman

15. Birthplace Bellefonte Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. E. Towers  
(b) Address 521 Wall, Joplin, Missouri

17. (a) removal (b) Date thereof last 24-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison, Arkansas

18. (a) Signature of funeral director Parker-Hunsaker  
(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 1-23-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 731 Wall 5  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23  
year 1945 hour about 2 A.M. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion  
Due to: Coronary Occlusion  
Other conditions: 94 hr. Coronary Investigation  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature [Signature] 3 (M. D. or other) \_\_\_\_\_  
Address 2114 Joplin Date signed 1-23-45

1204

45-1-51

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**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 F. M. Joubert

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**