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00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

Registration District No. 272

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5779

State File No. 10203

Registrar's No. 6

1. PLACE OF DEATH:

(a) County MILLER

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER 06

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8 - S-W - ELDON Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MATILDA CATHERINE HOLDER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or ~~wife~~ Wm - BURGIS - HOLDER

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased MAY (Month) 15 (Day) 1865 (Year)

8. AGE: Years 79 | Months 8 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation HOUSEWIFE -

11. Industry or business HOME

FATHER
12. Name ISAC - NEWTON
13. Birthplace unknown (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name LIDIA - JOBE
15. Birthplace unknown (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Lloyd Holder
(b) Address Eldon Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation DOOLEY - CEM

18. (a) Signature of funeral director Keith McKay
(b) Address Eldon Mo

19. (a) 2-10-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1945 hour 7 minute 05 P M.

21. I hereby certify that I attended the deceased from Feb 3, 1945 to Feb 9, 1945
that I last saw her alive on Feb 9, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	5 days
Due to General Debility	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature [signature] (M. D. or other) DO
Address Eldon Mo Date signed 2-10-45

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 45-20
Date Filed 5-3-45

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 Keith McKay

Licensed Embalmer No. 3998

P. O. Address Eldon 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.