

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13164**
Registrar's No. **30**

Registration District No. **71** Primary Registration District No. **3012**

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

1. PLACE OF DEATH:
(a) County **Clay**
(b) City or town **Excelsior Springs, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **6 mos., 1 day**
In this community **6 mos., 1 day**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Arnold James Holt**
3. (b) If veteran, name war **World War II**
3. (c) Social Security No. **315-01-2205**

4. Sex **Male** 5. Color or race **Colored**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 23 1911**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 6 14 hr. min.

9. Birthplace **Mt. Vernon, Indiana**
(City, town, or county) (State or foreign country)
10. Usual occupation **None**
11. Industry or business

MOTHER FATHER

12. Name **Amos L. Holt**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Leona Daniels**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records, Veterans Administration, Excelsior Springs, Mo.**
(b) Address **Removal of removal: Mt. Vernon, Indiana**
(c) Place: **Excelsior Springs, Missouri**
(d) Date thereof **4-7-45**
(Month) (Day) (Year)
(e) Date of removal
18. (a) Signature of funeral director **Herbert Hope**
HERBERT HOPE
(b) Address **Excelsior Springs, Missouri**
19. (a) **4-7-45** **Madeline Redmond**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1301 Woodland**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **6**
year **1945** hour **11:50** minute **A.** M.
21. I hereby certify that I attended the deceased from **October 5**, 19 **44** to **April 6**, 19 **45**
that I last saw h. **im** alive on **April 6**, 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis, pulmonary, chronic far advanced, active**
Duration **unknown**
Due to _____
Due to _____
Other conditions **Tuberculosis, intestinal** **unknown**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **As shown above**

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Ernest M. Tapp** (M. D. or other) **MD.**
Address **Excelsior Springs, Missouri** Date signed **4-7-45**

1166

(Licensed Embalmer's Statement on Reverse Side) **Veterans Administration, Excelsior Springs, Missouri**

RECEIVED

District No. 8

District File Number

Date Filed 5/2/49

AUG 4 1949

RUSS-1-412

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 James A. Moles
Licensed Embalmer No. 3296
P. O. Address Ex Springs 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.