S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22997

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3242

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Northeast Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hr. (Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 524 So. Hardesty 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry J. Holdren

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-3563

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased March (Month) 6 (Day) 1887 (Year)

8. AGE: Years 58 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Bucyrus (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Resturant Owner

11. Industry or business

FATHER 12. Name Charles Arthur Holdren

FATHER 13. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country) 1

MOTHER 14. Maiden name Alverda Forester

MOTHER 15. Birthplace Wilksbarre (City, town, or county) No. Carolina (State or foreign country) 1

16. (a) Informant Lenard C. Holdren

(b) Address 524 So. Hardesty

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director C. H. Blackmer & Son

(b) Address 7825 Indep. Blvd

19. (a) 8-2-45 (Date received local registrar) (b) Geraldine Helms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1945 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov. 1944, to Aug. 1, 1945; that I last saw him alive on Aug. 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	3 hrs.
~~Due to~~ Chronic Myocarditis	
Due to	
Other conditions: Asthma (Include pregnancy within 3 months of death)	

Major findings: Of operations 93 d

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 H. G. Jenison (M. D. or other) D.O.

Address 5400 Independence Ave Date signed 8-1-45

(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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. 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.