V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33608

State File No.

FILED OCT 19 1945

Registration District No.

Primary Registration District No. 41-435308

Registrar's No. 102

27
0
0

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rt 2. Nelson + (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Rt 2 Nelson (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper 27

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

(d) Street No. Blackwater Township (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Alfred M. Holt

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Lizzie Holt

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 4, 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Isaac Holt
13. Birthplace Unknown (City, town, or county) — 9 (State or foreign country)

MOTHER
14. Maiden name Mary Eleanor Parrott
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Lizzie Holt 1

(b) Address Route 2, Nelson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/45 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Lick Cemetery

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Mo.

19. (a) 9-22-1945 (Date received local registrar) (b) Chas Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1945 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Sep 16 1945, to Sep 21 1945 that I last saw him alive on Sep 16 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis — Duration 6 yrs

Due to

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 0

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.)

Address [illegible] Date signed 9/22/45

1639

(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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.