

S. No. 2
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5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2129

State File No. _____

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
322 So. 6th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 322 So. 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Thomas Edward Holt

3. (b) If veteran,

name war WW # 1

3. (c) Social Security

No. 491-09-8735

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from on
Jan 26, 1946, viewed

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma C

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

7. Birth date of deceased: June 26 1891
(Month) (Day) (Year)

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Duration

8. AGE: Years 54 Months 6 Days 29
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation Brewer

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business Goetz Brewing Co.

Major findings:
Of operations _____

12. Name Thomas Mansford Holt

13. Birthplace - Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Jane Robinson

15. Birthplace - Mo.
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Thomas M. Holt

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 1-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Fierman & Son, Inc.
(b) Address St Joseph, Mo.

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

19. (a) Jan 30 1946 (b) _____
(Date received local registrar) (Registrar's signature)

21. Signature B. W. Tadlock (M. D. or other)
Address Ring Hill Bldg Date signed 1/31/46

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

141

MAR 11 1946

FEB 23 1946

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~~

.....
working under my personal supervision.

Registered Apprentice No.
Signed..... *Robert H. Yaph*

Licensed Embalmer No. *3308*

P. O. Address..... *St Joseph, 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.