S. No. 2
DM—2-43
v. 5-17-39
I X35697

317

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2278

Registration District No. 389 Primary Registration District No. 5761 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Cedar Jun. 10
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 miles S.E. NewBloomfield, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

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

(d) Street No. 2 miles S.E. NewBloomfield, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jack Holt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie Holt

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

7. Birth date of deceased 1 (Month) 13 (Day) 1860 (Year)

8. AGE: Years 85 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farm hand

11. Industry or business

FATHER
12. Name Not known
13. Birthplace " " " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace " " " " (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Holt
(b) Address NewBloomfield, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Chapel

18. (a) Signature of funeral director Ray A. Holt
(b) Address NewBloomfield, Missouri

19. (a) 1/11/1946 (Date received local registrar) (b) LeRoy Claypool (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 1946 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Dec 22, 1945, to Jan 11, 1946, that I last saw him alive on Nov 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 L. M. D. Rush (M. D. or other)
Address New Bloomfield Mo Date signed 1/12/46

(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 LeRoy Claypool, Registered Apprentice No. 374, working under my personal supervision.

Signed Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, 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.