

FILED JUN 12 1946

Registration District No. 270

Primary Registration District No. 5984-4428

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Palmer

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

(c) Name of hospital or institution: 1
(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 Cumden

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

(d) Street No. Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME HAYOLD HOLDMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1946 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Edmina Holdman 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased: 12-11-1916
(Month) (Day) (Year)

Immediate cause of death Broken neck Duration _____

While driving pickup truck.
Due to Being Struck by Frisco
Passenger Train #18 Eng 4408
Due to Wh. Whiplow Crossing 3 miles
East of Rehland Mo

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

8. AGE: Years Months Days If less than one day

29 5 17 hr. _____ min. _____

9. Birthplace Meola MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Stanley Holdman

13. Birthplace Stuyves KY
(City, town, or county) (State or foreign country)

14. Maiden name Frank Workman

15. Birthplace Groves Co. KY
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Holdman

(b) Address Stoulland route 2 mo.

17. (a) Burial (b) Date thereof 5-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R B Deeper

(b) Address Rehland Mo.

19. _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5/27/46

(c) Where did injury occur? Rehland Palmer Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Frisco Crossing Rehland
(Specify type of place) (e) Means of injury Broken Neck

23. Signature R B Deeper _____
(Date received local registrar) (Date signed)

Address Rehland Mo. Date signed 5/27/46

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

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.....

Licensed Embalmer No. *3198*

P. O. Address *Richland*

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.