S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20749

State File No.

Registration District No. 156 Primary Registration District No. 2011 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1507 East 5th St; 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1507 E. 5th St; 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Danny L. Holt.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 15 (Month) 1933 (Day) (Year)

8. AGE: Years 13 Months - Days 10 If less than one day hr. min. 0

9. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business

FATHER
12. Name Neul Holt
13. Birthplace Seneca (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary E Cage.
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mary Holt
(b) Address 1507 E. 5th St;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 5/27/46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 25
year 1946 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from
19 ;
that I last saw h alive on Did Not attend 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning — Duration
Due to In Y. M. C. A. Pool
Due to Accidental
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 183.2
Of autopsy 36 Carpenters Investigation

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) Accident 122
(b) Date of occurrence 5/25/46
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)
While at work? No (e) Means of injury Drowning
23. Signature D W Herfelt (M. D. or other) 492
Address 2114 Joplin Date signed 5/29/46

(Licensed Embalmer's Statement on Reverse Side)

138

46-5-491

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. Orling M. Dungy

Licensed Embalmer No. J 3566

P. O. Address 212 Joplin St Joplin 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.