

FILED OCT 23 1946

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 337

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

1. PLACE OF DEATH
 (a) County CALLAWAY
 (b) City or town FULTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 304 W. 7th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community home
 years, months or days)

3. (a) PRINT FULL NAME WALKER KERR HOLLAND
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ALTA COATS
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Sept. 23 1879
 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 20
 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____
 12. Name J.C. Holland
 13. Birthplace Belford Vir. Vir.
 (City, town, or county) (State or foreign country)
 14. Maiden name Stucker
 15. Birthplace Steedman Mo. U
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W.K. Holland
 (b) Address 304 W. 7th Fulton, Mo.

17. (a) Burial (b) Date thereof Oct. 15 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest Fulton, Mo.

18. (a) Signature of funeral director Glenn Y. Mappin
 (b) Address 712 Cent Fulton, Mo.

19. (a) 10-15-1946 (b) Josie Moushiff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 304 W. 7th 2
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 13th 1946
 year _____ hour 8,30 minute P. M.
 21. I hereby certify that I attended the deceased from Jan. 1935
 19____ to Present time, 19____;
 that I last saw him alive on Oct. 13th, 1946, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
Severe internal hemorrhage as
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 46B

Major findings: Cancer upper stomach
could not be excised.
 Of autopsy No 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? _____

While at work _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature Gene D. M. Cook (M. D. or other)
 Address Fulton Mo. Date signed 10/15/46

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-21-46

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 Glen Y. Maybin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.