

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NO. 7 1948

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34202  
Registrar's No.

Registration District No. 254 Primary Registration District No. 6289

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Thayer Oak Grove Twp.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME W. P. Holman  
3. (b) If veteran, name war -- 3. (c) Social Security No. ---

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Myrtle Buttrick  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 26 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 6 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln County Tenn. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Holman  
13. Birthplace Middle Tenn. /  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Jane Norman  
15. Birthplace Middle, Tenn. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Faye Roy  
(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 9/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Norman Cem.

18. (a) Signature of funeral director Relaxed Carter  
(b) Address Thayer, Mo.

19. (a) 10/22/46 (b) Edith Lerass  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon 75  
(c) City or town Thayer (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10  
year 1946 hour 12 minute 55 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
1946 to \_\_\_\_\_ 1946  
that I last saw him alive on \_\_\_\_\_ 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Heart Disease  
Arteriosclerosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 10-18-46

368 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
33118

RECEIVED

District Health Officer No. 5;

District File Number 1046596

Date Filed 11-4-46

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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.....

P. O. Address.....

**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.