

FILED NOV 26 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 386

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:  
South East Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Alto Holderness

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him or alive on 11/14/46, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife Harry Holderness 6. (c) Age of husband or wife if alive 50 51 years

7. Birth date of deceased July 23 1902  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism Duration 15 Min

Due to Deep venous thrombosis

Due to Myocardial infarction

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

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

44	3	21	hr. _____ min.
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9. Birthplace Carmi, White Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: Of operations Large myoma 6 Pcs PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name John May

13. Birthplace Carmi, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name California B. Willis

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Clacy May

(b) Address Bloomfield Mo.

17. (a) Burial (b) Date thereof Nov. 15, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Bloomfield, Mo.

19. (a) 11-20-1946 (b) G. C. Summers  
(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) \_\_\_\_\_

(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 A. B. Schrod (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 11-18-46

44

RECEIVED

Health Officer No. 4

File Number 1146-2897

Date Filed 11-25-46

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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 Rymaw Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.