

FILED NOV 22 1946

Primary Registration District No. **3016**

1. PLACE OF DEATH:

(a) County **Cole**

(b) City or town **Jefferson City**

(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**

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

(d) Street No. **415 - W - Carpenter**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Charles Abner Holt**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**

6. (a) ~~Single~~, married, ~~widow~~

6. (b) Name of husband or wife **Clara Holt**

6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **May 29 1860**
(Month) (Day) (Year)

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

86 5 12 hr. min.

9. Birthplace **Holt Summit Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Building**

12. Name **Wm. J. Holt**

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

14. Maiden name **Mary Blythe**

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

16. (a) Informant **St. Marys Hospital**

(b) Address **Jefferson City, Mo.**

17. (a) **St. Marys Hospital** (b) Date thereof **11-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Hospital**

18. (a) Signature of funeral director **Jimmie Lewis**

(b) Address **700 S. H. R. O. Davis MD JR**

19. (a) **11-18-46** (b) **H. B. Stafford MD JR**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10**
year **1946** hour **6** minute **am** M.

21. I hereby certify that I attended the deceased from **10-26**
1946, to **11-10** 1946;

that I last saw him alive on **11-10** 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **30 min**

Due to **Arterio-sclerosis + Cardio-renal disease** **10 yrs - 1 yr -**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **131A**

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 **H. B. Stafford MD** (M. D. or other) **MD.**

Address **234 Madison, Jefferson City, Mo** Date signed **11-17-46**

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

MOTHER FATHER

Staffer

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filled 11-2-46

JUL 18 1942

DEC 3 1946

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 *Denzil C. Browning*
Licensed Embalmer No. 2724
P. O. Address *Frederick md*

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.