

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Atchison 3

(c) City or town Rock Port, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Darrekl Wayne Holden

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1947 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 29 1947, to Jan 30 1947 that I last saw him alive on Jan 30 1947; and that death occurred on the date and hour stated above.

4. Sex Male C 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 28 1947
(Month) (Day) (Year)

Immediate cause of death: Pulmonary tuberculosis 1 day

Due to Asphyxiation intracranial

Due to due to prolapse of umbilical cord

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Maryville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation ~~Student~~

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Carl Holden

13. Birthplace Mountain View Mo
(City, town, or county) (State or foreign country)

14. Maiden name Okolona Doss.

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

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 J. A. Blumer (M. D. or other) 0

Address Maryville Date signed 2-1-47

16. (a) Informant Bartholomew Mortuary

(b) Address Rock Port, Mo.,

17. (a) Burial (b) Date thereof 2/1/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenhill Ce. Rock Port, Mo.,

18. (a) Signature of funeral director Bartholomew Mortuary

(b) Address Rock Port, Mo.,

19. (a) Feb 3 1947 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Gray Barcheloven
Licensed Embalmer No. 3173
P. O. Address Rock Port, 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.