

**FILED MAR 25 1947**

Registration District No. **324**

Primary Registration District No. **6082**

Registrar's No. **37**

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

**1. PLACE OF DEATH:**  
 (a) County Saline  
 (b) City or town Arrow Rock  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community All her life  
years, months or days

**3. (a) PRINT FULL NAME** Pattie Holt

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. None

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Single

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** alive \_\_\_\_\_ **years**

**7. Birth date of deceased.** October 1st, 1866  
(Month) (Day) (Year)

**8. AGE:** Years 80 Months 4 Days II If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Arrow Rock, Missouri 1  
(City, town, or county) (State or foreign country)

**10. Usual occupation** House keeper

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

**12. Name** Charles Holt

**13. Birthplace** Unknown 9  
(City, town, or county) (State or foreign country)

**14. Maiden name** Clemency Beazley

**15. Birthplace** Unknown 9  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mr. George Thacker

**(b) Address** Mt. Leonard, Mo.

**17. (a) Burial** Burial **(b) Date thereof.** Feb. 18, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Arrow Rock, Mo.

**18. (a) Signature of funeral director** Camille Reed

**(b) Address** Marshall, Mo.

**19. (a) Feb 18-1947** **(b) Sidney T. Gray** **(c) 324**  
(Date received local registrar) (Registrar's signature) (District)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Saline 97  
 (c) City or town Arrow Rock 3  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb. day 12 year 1947 hour 2 minute 9 A. M.

**21. I hereby certify that I attended the deceased from** 9 **minutes** 9 **to** 17 **minutes** 1947  
The death Feb. 17

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Senility and under noxious food

Due to \_\_\_\_\_

Other conditions 83A  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy No. - \_\_\_\_\_

**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? \_\_\_\_\_ **(e) Means of injury** 3

**23. Signature** P. L. Lawless, Jr. **(M. D. or other)** Saline Co.

**Address** Marshall Mo. **Date signed** 2-18-47

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-21-47

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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 W. Campbell Jr.  
Licensed Embalmer No. 3469  
P. O. Address Marshall 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.