

FILED MAY 7 1947

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 17

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Cardwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town Rural
(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 John Clarence Holman
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION:
 20. DATE OF DEATH: Month April day 8th
 year 1947 hour 12:5 minute 50 P.M.
 21. I hereby certify that I attended the deceased from
Mar. 29 1947 to Apr. 8 1947
 that I last saw him alive on Apr. 8 1947
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Edna Holman
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 9 1898
(Month) (Day) (Year)

Immediate cause of death _____
acute nephritis
& myocarditis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
48 9 29 _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

9. Birthplace Shall Knob Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation farmer
 11. Industry or business _____

MOTHER FATHER
 12. Name William H. Holman
 13. Birthplace Green County, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Josephine Head
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Holman
 (b) Address Golden, Missouri
 17. (a) Burial (b) Date thereof 4-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Viney cemetery

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 _____

18. (a) Signature of funeral director Culver Funeral Home
 (b) Address Cassville, Missouri
 19. (a) April 30 1947 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

23. Signature C. Cardwell (M. D. _____)
 Address Stella Mo. Date signed 4-24-47

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

73
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RECEIVED

District Health Officer No. Newton
District File Number 2-47-84
Date Filed 5-5-47

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.....

Ruby Elkins....., Registered Apprentice No. 496
working under my personal supervision.

Signed J. E. Culver.....

Licensed Embalmer No. 3584

P. O. Address Cassville.....

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.