

FILED JUN 6 1947

Registration District No. **13**

Primary Registration District No. **3003**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **Barry**

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

(c) Name of hospital or institution:
304 Uclid Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **304 Uclid Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Pauline Adaline HOLDER**

3. (b) If veteran, name war: **-----**

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

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **John C. Holder**

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

7. Birth date of deceased: **August 8, 1856**
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
90	9	16	--	---

9. Birthplace **Carroll Co., Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **William Ferguson**

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

14. Maiden name **Nancy Jane Bayless**

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

16. (a) Informant **Mrs. P. A. Howerton (Dau.)**

(b) Address **304 Uclid Ave.; Monett, Mo.**

17. (a) **Burial** (b) Date thereof **5-26-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Pleasant Cemetery**

18. (a) Signature of funeral director **Koon Funeral Home**

(b) Address **Cassville, Missouri**

19. (a) **5-31-47** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24th.**
year **1947** hour **1** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **April 21, 1947** to **May 24, 1947**
that I last saw her alive on **May 22, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure in**
Decomposition second 3-4 wk
org. to the Bennett

Due to **Decomposition second 3-4 wk**
org. to the Bennett

Due to **-----**

Other conditions **-----**
(Include pregnancy within 3 months of death)

Major findings: **Senility**

Of operations **-----**

Of autopsy **-----**

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 **Robert J. Doolley** (M. D. or other) **MD**

Address **Monett, Mo.** Date signed **-----**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 647-634

Date Filed JUN 5 1947

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. C. Koon

Licensed Embalmer No. 435-9

P. O. Address Cassville, 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.