

S. No. 2
M-8-43
. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25227

FILED JUL 23 1947

Registration District No. 23

Primary Registration District No. 4461

Registrar's No. 231

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: /
(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)

In this community 7 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. 16
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Newton Holden

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1947 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 7-1-
1947 to 7-8, 1947.
that I last saw him alive on July 8 and that death occurred on the date and hour stated above. 1947

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Susan Holden

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. 14 1864
(Month) (Day) (Year)

Immediate cause of death Carotid Sclerosis

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

<u>82</u>	<u>9</u>	<u>24</u>	hr. min.
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Due to Senility

9. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation retired - farmer

Major findings: Of operations CHX

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Locke Holden

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. D. McCabe

(b) Address Bismarck Mo.

17. (a) burial (b) Date thereof 7-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Mo.

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? 0

18. (a) Signature of funeral director White & Hill

(b) Address P. White Bismarck Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 7-14-47 (b) Ether Rudolph
(Date received local registrar) (Registrar's signature)

23. Signature Jas. W. Huffman (M. D. or other) MV
Address Bismarck Mo. Date signed 7-10-47

RECEIVED

District Health Officer No. 4
District File Number 747-937
Date Filed 2-21-47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arnel J. White
Licensed Embalmer No. 3012
P. O. Address Denton, Tex

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.