S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 20 1947

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26757

Primary Registration District No. 6721

Registrar's No. .....

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Sturgeon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Star Route (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)
In this community: 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Sturgeon (If outside city or town limits, write "RURAL")
(d) Street No.: Star Route (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: HARRY CHARLES HOLT
3. (b) If veteran, name war: None
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Meta Witzke Holt
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 8 (Month) - 8 (Day) - 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	0	0	..... hr. ..... min.

9. Birthplace: New Orleans (City, town, or county) Louisiana (State or foreign country)
10. Usual occupation: Architectual Engineer
11. Industry or business .....
MOTHER FATHER
12. Name: (Unknown)
13. Birthplace: France (City, town, or county) (State or foreign country)
14. Maiden name: Henrietta (Unknown)
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Harry C. Holt
(b) Address: Star Route, Sturgeon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 8-14-47 (Date received local registrar) (b) Mrs. Roland Hombe (Registrar's signature) 32

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 1947 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 18, 1947, to Aug - 8, 1947, that I last saw him alive on July - 22, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of Heart - (Right)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 95 C	
Major findings: Of operations:	
Of autopsy: Acute dilatation of Rt. Heart - Pulmonary Tuberculosis - minimal	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place) While at work? ..... (e) Means of injury .....
23. Signature: F. C. Suggitt (M. D. or other) M. D.
Address: Columbia Date signed: 8-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. S. Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia Me

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.