

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32174

State File No. _____

Registration District No. 293

Primary Registration District No. 4448

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(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 _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Orville Holman

3. (b) If veteran, name war _____ 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 Ethel Green Holman 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 24 1881
(Month) (Day) (Year)

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

66	6	2	hr. min.
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9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

MOTHER FATHER

11. Industry or business _____

12. Name William Holman

13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Cravens

15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Orville Holman

(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/28/1947
(Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom G Patton

(b) Address Huntsville, Mo

19. (a) 9/22/1947 (Date received local registrar) (b) W. D. Bernhardt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville
(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 September Day 26
Year 1947 Hour 6:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 10, 1947, to Sept 25, 1947
that I last saw him alive on Sept 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min.

Due to arteriosclerosis D.K.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none Of autopsy none

PHYSICIAN _____
Underline the cause to 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 W. Dreyer (M. D. or other) MD
Address Huntsville Mo Date signed 9/27/47

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

1947 2 AON

MAR 6 1947

MAR 23 1947

RECEIVED
District Health Officer No. 10
District File Number 4-47-1322
Date Filed SEP 30 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Va

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.