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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41314

State File No. _____

Registration District No. 103

Primary Registration District No. 4175

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Brunswick

(b) City or town Harnerdville 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: 1 In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Brunswick ²⁵

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

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BONNIE SUE HOLDER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1947 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from Dec 19 1947 to Dec 20 1947
that I last saw her alive on Dec 19 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 20 1947
(Month) (Day) (Year)

Immediate cause of death was acute indigestion Duration _____

8. AGE: Years 0 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name George F. Holder

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

14. Maiden name Berene A. Quate

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

16. (a) Informant George Holder

(b) Address W.ville Mo

17. (a) _____ (b) Date thereof 12-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harnerdville

18. (a) Signature of general director W. T. Emerson

(b) Address Parissharo Ark

19. (a) 12-22-47 (b) Bertha Kinschey
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Van H. Bond (M. D. or other) mad

Address Harnerdville Date signed 12-20-47

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

RECEIVED

District Health Office No. 2

File Number

148-39
1-6-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.