DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4233

Registration District No. 59 Primary Registration District No. 4105 Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Peculiar (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 At Home (Specify whether
In this community 3 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Peculiar (If outside city or town limits, write "RURAL") 0
(d) Street No. Mo (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Mitchell Holder
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Maleo
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora Mutton
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept. 2, 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Ray County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Railroader
11. Industry or business
FATHER
12. Name William P. Holder
13. Birthplace (City, town, or county) No record (State or foreign country) 1
MOTHER
14. Maiden name Arwilda Harmon
15. Birthplace (City, town, or county) Not Known. (State or foreign country) 0
16. (a) Informant Mrs Flora Holder
(b) Address Peculiar Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Peculiar Mo.
18. (a) Signature of funeral director Atkinson Bros
(b) Address Harrisonville Mo
March 6-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) 51

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1948 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from / , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Due to Arteriosclerotic Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93
Of autopsy Sclerotic plaques in Myocardium

Duration

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 O B Barger (M. D. or other) MD
Address Harrisonville Mo Date signed 2-20-48
Coroner Cass Co

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 194

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~~ personally

....., Registered Apprentice No.....

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.