S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4875

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 593

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2314 Montgall 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Tillie Holt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ruben Holt

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 3, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	1	4	hr. min.

9. Birthplace Paola, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Walter Wellings 1
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Jessie
15. Birthplace Liberty, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ruben Holt
(b) Address 2314 Montgall

17. (a) Burial (b) Date thereof 2/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paola, Kansas

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave

19. (a) 2-10-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th
year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Jan. 14, 1948 to Feb. 7, 1948
that I last saw her alive on Feb. 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Chronic Glomerulonephritis
c̄ Uremia
Due to Hypertensive Type Heart Disease
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 151 B
Of autopsy

Duration

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 0

23. Signature Roysee B. Fleming (M. D. or other)
Address 1830 Vine St Date signed 2/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fleming

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2023 Highland

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.