. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1948

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5334

Primary Registration District No. 4258

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Edina Knox

(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Gibson Hospitial O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox

(c) City or town Knox City
(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

3. (a) PRINT FULL NAME Henry Dwight Holt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov - 20 - 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Knox City (City, town, or county) Missouri. O (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Thaddues K. Holt
13. Birthplace ap. (City, town, or county) Conn (State or foreign country) 1

MOTHER
14. Maiden name Agusta Conway
15. Birthplace (City, town, or county) W. Va. (State or foreign country) 1

16. (a) Informant Mrs Ray McKenzie
(b) Address Edina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-27-1948. (Month) (Day) (Year)
(c) Place: burial or cremation NeeRidge, Knox Co. Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) Feb. 27-48 (Date received local registrar) (b) Nelle S. Hunsett (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1948 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from Feb. 5, 1948, to Feb. 24, 1948
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pernicious Anemia	6 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

43 A

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 C. C. Gibson (M. D. or other)

Address Edina Mo Date signed 2/24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-48-392
Date Filed MAR 2 1948

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Mo.

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.