

S. No. 2
-12-45
-17-39
I X47070

FILED MAR 11 1948

Registration District No. **100** Primary Registration District No. **5725**

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

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town Macon Rural Hudson
(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. 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henrietta M. Holeman
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** White
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 3 23 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Macon County Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William McFaddin
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Holeman
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Orman Holeman
(b) Address Callao, Mo.

17. (a) Burial Burial **(b) Date thereof** 2/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion, Macon Co.

18. (a) Signature of funeral director Allent Skinner
(b) Address Macon, Mo.

19. (a) 3/1/48 **(b)** Ruth McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Macon 61
 (c) City or town Callao 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1948 hour 7 minute _____ p.m.
21. I hereby certify that I attended the deceased from Jan 16 1948 to Feb 15 1948
 that I last saw her alive on Feb 14 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Natural infarction of old age
Duration See med.

Due to _____
Due to _____

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

Major findings:
 Of operations _____ 162B
 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? _____

23. Signature Howard Null (M. D. or other) 0
Address Macon **Date signed** 2/17/48
(Specify type of place) (a) Means of injury

RECEIVED
District Health Officer No. 10
District File Number 3-48-487
Date MAR 10 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.....

Thos. L. Ball

Registered Apprentice No. 27

working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.