—1/47
5-17-39

6

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

STANDARD CERTIFICATE OF DEATH

State File No. 5516

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 So. Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 82 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. 2 So Maple
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Lizzie-Pricilla-Holder
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed
6. (b) Name of husband or wife A-L-Holder
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 30 (Day) 1865 (Year)

8. AGE: Years 82 Months 9 Days 22 If less than one day — hr. — min.

9. Birthplace unknown (City, town, or county) Mo (State or foreign country)
10. Usual occupation House-wife
11. Industry or business Home
FATHER
12. Name Melton-Hall
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ed. Jobe
(b) Address Latham Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dooley Cem
18. (a) Signature of funeral director Keith McKeys
(b) Address Eldon Mo
19. (a) 2-23-1948 (Date received local registrar) (b) Alverretta Waltz (Registrar's signature) 192

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1948 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to 2/22, 1948
that I last saw her alive on 2/22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

16 OB

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 G. D. Walker M. D. ~~or other~~
Address Eldon Mo Date signed 2/23/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-10-48

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 Keith W. McKaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.