

No. 2  
2-45  
7-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8749**  
Registrar's No. **1308**

FILED APR 12 1948

Registration District No. **149** Primary Registration District No. **1002**

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:  
~~##3124##~~ **General Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3-19-48-3-22** **48**  
(Specify whether  
In this community **45 Yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Andrew Holt**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Holt** 6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **Aug. 14, 1872.**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **8** If less than one day hr. min.

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

10. Usual occupation **Contract- Paper Carrier for Kansas City Star.**

11. Industry or business **Kansas City Star.**

12. Name **Levi Holt**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Foley**  
15. Birthplace **Indband**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Holt**  
(b) Address **713 Penn**

17. (a) **Burial** (b) Date thereof **Mar. 25, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**  
(b) Address **918 Brooklyn**

19. (a) **3-25-48** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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") **8**  
(d) Street No. **713 Penn.** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22**  
year **1948** hour **10** minute **25** P.M.

21. I hereby certify that I attended the deceased from **known**, 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 **Skull fracture**  
Due to **Cerebral Hemorrhage**  
Due to **Auto + Pedestrian**  
Other conditions (include pregnancy within 3 months of death) **8**

Major findings: Of operations **1700**  
Of autopsy **yes as above** **21**  
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) **accident**  
(b) Date of occurrence **3-19-48** **123**  
(c) Where did injury occur? **150 Jackson MO** **3**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**

While at work? **no** (Specify type of place) (e) Means of injury **Auto Train**

23. Signature **Jessie M. Miller** (M. D. or County) **3**  
Address **1424 1/2 J. Hwy** Date signed **3-23-48**

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

MOTHER FATHER

---

---

**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

*Robert A. Hermann*

Licensed Embalmer No. *3700*

P. O. Address *K.C. 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.**