No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12043

Registration District No. 102 Primary Registration District No. 5411 Registrar's No.

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township) RURAL
(c) Name of hospital or institution: 0
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Rural — (If outside city or town limits, write "RURAL")
(d) Street No. Cardwell, Route 1, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Neva Faye Holtzclaw
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 29, 1948 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	5	25	hr. min.

9. Birthplace Paragould Route 5 (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Baby
11. Industry or business
FATHER 12. Name Charles Edward Holtzclaw
FATHER 13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucy May Mahan
MOTHER 15. Birthplace Ark — (City, town, or county) (State or foreign country)
16. (a) Informant Lucy May Holtzclaw
(b) Address Cardwell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Cemetery
18. (a) Signature of funeral director A. J. Emerson
(b) Address Paragould, Ark —
19. (a) 5-14-48 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from 3-22 1948 to 3-24 1948; that I last saw h. alive on 3-23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Bronchopneumonia	
Due to Pertussis —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W H English M.D. (M. D. or other)
Address Cardwell, Mo Date signed 4-14-48

(Licensed Embalmer's Statement on Reverse Side)

APR 21 1948

APR 22 194

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 102 Primary Registration District No. 5416 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rural Buffalo
(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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Cardwell
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Neva Faye Holtsclaw

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 29 1948
(Month) (Day) (Year)

8. AGE: Years | Months 5 | Days 2 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles E. Holtsclaw
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Tracy May Mahan
15. Birthplace (City, town, or county) ark (State or foreign country)

16. (a) Informant Tracy May Holtsclaw
(b) Address Cardwell, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Lawn

18. (a) Signature of funeral director A. C. Emerson
(b) Address Paragould, Ark.

19. (a) 3-14-48 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 24 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 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 Belated Bronchopneumonia

Due to Pertussis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. D. English M.D. (M.D. or other)

Address Cardwell, Mo. Date signed

S-12043