

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED JUN 9 1948/10

Registration District No. \_\_\_\_\_ Primary Registration District No. **5007**

Registrar's No. **79**

**1. PLACE OF DEATH:**  
 (a) County Audrain  
 (b) City or town Rural Mexico Saltriver  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R. #1 Mexico Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 4 Days

**3. (a) PRINT FULL NAME** Leland Burks Holt  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Bishop Ivan Lee Holt  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 8, 1880  
(Month) (Day) (Year)

**8. AGE:**

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>68</u> | <u>1</u> | <u>20</u> | hr. _____ min.       |

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

**MOTHER, FATHER**  
 12. Name Walter L. Burks  
 13. Birthplace \_\_\_\_\_ Va.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Alice Woolridge  
 15. Birthplace Saline County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bishop Ivan Lee Holt  
 (b) Address St. Louis, Mo.

17. (a) Removal (b) Date thereof 5/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director C. A. Anderson  
 (b) Address Mexico, Mo.

19. (a) 5/28/48 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County City of St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 20 N. Kingshighway  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 28  
 year 1948 hour 9 minute 15 A.M.  
 21. I hereby certify that I attended the deceased from First Visit  
May 28, 1948 to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw her alive on May 28 - 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
 Due to Hypertensive Heart Disease  
 Duration 2 hours  
 Due to \_\_\_\_\_  
 Duration \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)  
 23. Signature Howard B. Jolly (M. D. or other) M.D.  
 Address 203 E. Jackson Mexico, Mo. Date signed 5/29/48

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

JAN 21 1959

NOV 17 1958

RECEIVED  
District Health Officer No. 101  
District File Number 6-48-995  
JUN 8 - 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 *Clara Arnold*

Licensed Embalmer No. 3569

P. O. Address *Murice, N.C.*

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.