

FILED JUL 10 1948

Registration District No. 30

Primary Registration District No. 5104

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Benton
(b) City or town WARSAW Town Twp.
(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 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town WARSAW
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO
(Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME George Gilbert Holt

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife:

7. Birth date of deceased April 8 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation STONE MASON

11. Industry or business:

12. Name UNKNOWN

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leeders

(b) Address Warsaw

17. (a) Burial (b) Date thereof July 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (c) Signature of funeral director John J. Ryan

(b) Address Warsaw, Mo.

19. (a) July 3, 1948 (b) Gas A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 15, 1948 to July 3, 1948 and that death occurred on the date and hour stated above.
I last saw him alive on July 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration 2 yrs.

Due to:

Due to:

Other conditions: (Include pregnancy, within 3 months of death)

Major findings: Of operations H6 B 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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Emmett S. Salyer (M.D. or other) MD

Address Warsaw, Mo. Date signed 7/3/48

RECEIVED
District Health Officer No. 7,
District File Number.....
Date Filed

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.....

John J. [Signature]

Licensed Embalmer No.....

P. O. Address.....

Wassau

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.