

FILED JUN 18 1948 **47**

Registration District No. _____

Primary Registration District No. **3008**

Registrar's No. **172**

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

14
1
2

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months, 11 days**
(Specify whether) **same**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Randolph**
(c) City or town **Neoberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **501 S. Williams St.**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM HOLMAN**

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **D.K.** 6. (c) Age of husband or wife if alive **D.K.** years
7. Birth date of deceased: **9** **10** **1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **Grocery business**

12. Name **Maal Holman**

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

14. Maiden name **Augusta Belcher**

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

16. (a) Informant **Hospital Records**

(b) Address **Fulton Mo**

17. (a) **Burial** (b) Date thereof **June 11 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Mo**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Huntsville, Mo**

19. (a) **6-9-1948** (b) **Jose Morawski**
(Date received local registrar) (Registrar's signature)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **9**
year **1948** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **5/28/48**, 19____ to **6-9/48**, 19____;
that I last saw him alive on **6-9-48**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation**
Due to **Cardio renal disease**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **3/11**
Of operations _____
Of autopsy _____

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 _____
Signature **J. B. Caldwell** (M. D. or other) **MD**
Address **Fulton Mo** Date signed **6/8**

Duration
Underline the cause to which death should be charged statistically.

PHYSICIAN

RECEIVED
District Health Officer No. 9;
District File Number
Date Filed JUN 17 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, Md

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.