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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20260

FILED JUN 26 1948

Registration District No. 250

Primary Registration District No. 5848

Registrar's No. 10

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

1. PLACE OF DEATH
(a) County Nodaway
(b) City or town Barnard (rural)
(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 15 yrs -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway 74
(c) City or town Barnard (rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rufus Holaday
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August (Month) 22 (Day) 1887 (Year)

8. AGE: Years 60 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Bolckow (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business "
FATHER
12. Name Edward Holaday
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Jennie Elliott
15. Birthplace Fillmore (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Harvey Mather
(b) Address Grinnell, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Barnard Cem.
18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville, Mo.
19. (a) 6-15-48 (Date received local registrar) (b) Mrs Eliza Crenshaw (Registrar's signature) 370

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from not attended 19..., to ..., 19...;
that I last saw him alive on not seen, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy — Duration found dead
Due to Chronic Valvular heart disease
Due to History of previous stroke
Other conditions (Include pregnancy within 3 months of death) 92
Major findings:
Of operations no operations
Of autopsy no autopsy

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature L. E. Dean - Coroner (M. D. or other) M.D.
Address Maryville Mo. Date signed 6-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G M Atkinson

Licensed Embalmer No. 3279

P. O. Address Maryville, Mo.

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

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