

FILED AUG 2 1948

Registration District No. 177

Primary Registration District No. 6131

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
 (b) City or town rural - Montier township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community 58 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Oliver Clay Holden

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 married

6. (b) Name of husband or wife Ella May Holden 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 16 1890
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 21 hr. min.

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

10. Usual occupation Farming

11. Industry or business.....

12. Name H G Holden

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

14. Maiden name Emaline Hall
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Cecil Holden

(b) Address Mountain View, Mo

17. (a) Burial (b) Date thereof 7-12-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View, Mo

19. (a) 7-14-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6 mi S E of Mtn View, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1948 hour 8 minute 30 P.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..... Duration

Due to Coronary Thrombosis

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.....

23. Signature Frank Hyde (M. D. or other)

Address Commer Date signed 7-14-48

MOTHER FATHER

SEP 2 1948

RECEIVED 7-26-48
District Health Officer No. 5,
District File Number: 748481
Date Filed: 7-26-48

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 Joe R. Leman
Licensed Embalmer No. 4325
P. O. Address NY New York

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.