

FILED SEP 14 1948

Registration District No. **39**

Primary Registration District No. **3010**

Registrar's No. **274**

1. PLACE OF DEATH:

(a) County **CAPE GIRARDEAU**
 (b) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **ST FRANCIS HOSPITAL**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **15 HOURS**
(Specify whether years, months or days)
 In this community **15 HOURS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **SCOTT**
 (c) City or town **ILLMO**
(If outside city or town limits, write "RURAL")
 (d) Street No. **100**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **WOODROW WILSON HOLDER**

3. (b) If veteran, name war 3. (c) Social Security No. **490-05-7981**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **APRIL 22 1914**
(Month) (Day) (Year)

8. AGE: Years **34** Months **4** Days **9** If less than one day
hr. min.

9. Birthplace **ALTO PASS ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **CAB DRIVER**

11. Industry or business _____

MOTHER FATHER { 12. Name **EMERY A HOLDER**

13. Birthplace **JACKSON COUNTY ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY ELIZABETH LIPE**

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

16. (a) Informant **David Holder**

(b) Address **Illmo, Mo**

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

(c) Place: burial or cremation **LIGHTNER CEM, ILLMO**

18. (a) Signature of funeral director **Bishop Hoff Funeral Home**

(b) Address **Illmo, Mo**

19. (a) **9-5-48** (b) **C. G. Summers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **1ST**
 year **1948** hour **3** minute **15 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wounds of neck and left chest** Duration _____

Due to **being shot with a revolver in the hands of another person.**

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

Major findings: Of operations **7/6**

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) **Homicide**

(b) Date of occurrence **Aug 31, 1948**

(c) Where did injury occur? **Illmo Scott Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at the Country Club Home - Illmo Mo

While at work? **Yes** (Specify type of place) (e) Means of injury **Revolver**

23. Signature **Dr. J. F. Sigmund** Coroner
(Name in full)

Address **Jackson Mo** Date signed **9/4/48**

RECEIVED

District Health Officer No. 4
District File Number 948-11
Date Filed 9-13-88

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 Oliver Camick
Licensed Embalmer No. 4470
P. O. Address Illmo, Mo

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

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