No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 19 1948

Registration District No. 107

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 32488

Primary Registration District No. 309

Registrar's No. 134

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Kennett (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: None (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Kennett (If outside city or town limits, write "RURAL")
(d) Street No.: 309 Emerson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William Preston Holt
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Martha Jane Carter
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: May (Month) 30 (Day), 1874 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 4 | 15 | hr. min. |

9. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Engineer - Retired
11. Industry or business:
FATHER 12. Name: Dave Holt
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Maxfield
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Claude Stillman
(b) Address: Kennett, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Jonesboro, Ark.
18. (a) Signature of funeral director: Fred Salmon
(b) Address: Kennett, Mo
19. (a) 10-16-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1948 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from Oct 6, 1948, to Oct 15, 1948; that I last saw him alive on Oct 15, 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death: Coronary occlusion | Duration: 9 days |
|---|---|
| Due to: — | |
| Due to: — | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: — | |
| Of 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): NO
(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: Paul Galloway (M. D. or other) M.D.
Address: Kennett Mo Date signed: 8-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1048-134
Date Filed 10-18-48

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 Arnold R. Moon, Registered Apprentice No. 258, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, Mo.

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.