

S. No. 2
1-12-45
7. 5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40740

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 404

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(c) Name of hospital or institution: Samaritan
(d) Length of stay: 13 days
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Rural
(d) Street No. 5 miles No. of Bevier, Mo.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Theodore Holman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1 1873

8. AGE: 75 Years 4 Months 12 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Macon Co. Mo.
10. Usual occupation Farmer

11. Industry or business _____
12. Name Walton Holman
13. Birthplace Mo.
14. Maiden name May J. King
15. Birthplace Mo.

16. (a) Informant Mary E. Holman
(b) Address Bevier, Mo. R. F. D.
17. (a) Burial (b) Date thereof 11/16/1948
(c) Place: burial or cremation Enon, Macon Co., Mo.

18. (a) Signature of funeral director Robert Hunter
(b) Address Macon, Mo.
19. (a) 12/6/48 (b) Paul McNeely

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 13 year 1948 hour 12 minute 45 p.m.
21. I hereby certify that I attended the deceased from Nov 8 1948 to Nov 13 1948
that I last saw him alive on Nov 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 days
Due to _____
Due to _____
Other conditions Cerebral Hemorrhage 2 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
(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 _____
23. Signature Howard D. ... (M. D. or D.O.)
Address Macon Date signed 11/16/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-48-2115

Date Filed DEC 13 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 Albert Kummer

Licensed Embalmer No. 757

P. O. Address Macon

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.