

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13019
State File No. 1443

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 40 YRS		348	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLEA HOTEL		d. STREET ADDRESS (If rural, give location) WOODLEA HOTEL, 3552 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) HOLT		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1950	
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 1, 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUDGE	10b. KIND OF BUSINESS OR INDUSTRY LAW	11. BIRTHPLACE (State or foreign country) IRELAND	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SAMUEL HOLT	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ALICE HOLT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ALICE HOLT	ADDRESS WOODLEA HOTEL *K.C., MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Broken left tibia extending into knee.		
	MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) Arteriosclerosis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		29035 44	

19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-4-50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell on sidewalk

22. I hereby certify that I attended the deceased from Feb. 4, 1950, to March 26, 1950, that I last saw the deceased alive on March 26, 1950 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. P. Boughnau	(Degree or title) M.D.	23b. ADDRESS 315 Alameda Rd. K. C. Mo.	23c. DATE SIGNED 3/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/28/50	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 3-28-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND.	ADDRESS CO. K. C., MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

315 -
for 9400
2-38

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph M Mc Carthy
Licensed Embalmer No. 46942

P. O. Address KC 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.

Affidavits containing erasures will not be accepted: draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 13019
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20 day of May, 1950, before me appears _____

Alice L. Holt, who, upon her oath, states that the original record of ^{birth} death

for William Grattan Holt died ~~born~~ March 26, 1950, in the State of
Missouri, and which was filed at Kansas City on 3-26, 1950, should be corrected as follows:

X Item No. 8 should read July 1, 1862

Instead of July 1, 1863

Item No. 9 should read 87

Instead of 86

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alice L. Holt ^{wife}
Relationship. _____

3552 Broadway
Present Address. W. Mo

Subscribed and sworn to before me this 20 day of May, 1950

My Commission expires Nov. 30, 1951 Rosemary F. August Notary Public.