

No. 2-45
17-39
X47070

FILED FEB 11 1947
Registration District No. 137

Primary Registration District No. 4214

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Calhoun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at Home in Calhoun
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 79 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 43

(c) City or town Calhoun Mo 7
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS DEARSON, HOLT

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from
10-31, 1941 to 2-7, 1947
that I last saw him alive on 2-6, 1947
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Vina Holt

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov - 1 - 1867
(Month) (Day) (Year)

Immediate cause of death uraemia

Due to Urinary retention

Due to Enlarged Prostate

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

8. AGE: Years Months Days If less than one day

79 3 6 hr. min.

9. Birthplace Henry Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Mrs. Wilson Holt

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

14. Maiden name Nancy L Dearson

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

16. (a) Informant Mrs Kathryn Miller

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 2-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Mo

18. (a) Signature of funeral director Consalus + Peck

(b) Address Clinton Mo

19. (a) 2-8-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy None 1979

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? _____

While at work _____ (Specify type of place)

Means of injury D

23. Signature D. C. Peeler M.D.
Clinton Mo Date signed 2/8/47

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E L-27-1
DEC 19 1950

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address. Clinton 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.