

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 324 E. Excelsior Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

ROSA HOLDER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Peter Holder  
6. (c) Age of husband or wife if alive #  
7. Birth date of deceased Jan. 24 1890  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26<sup>th</sup> Day 7 Year 1946 hour 11 minute 30 A.M.  
21. I hereby certify that I attended the deceased from July 5 1946 to 26 Nov 1946  
that I last saw her alive on 26 Nov. 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism  
Duration 1 Day  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 56 Months 10 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Alton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_  
12. Name Joe Redman  
13. Birthplace DeCATOUR Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Maggie Hull  
15. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lawrence Napier  
(b) Address 99 North Francis  
17. (a) Burial (b) Date thereof Nov. 29/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Virgil Hope  
(b) Address Excelsior Springs Missouri  
19. (a) 12/4/46 (b) Paroline Hutchings  
(Date received local registrar) (Registrar's signature)

Other conditions Post operative hemorrhage  
(Include pregnancy within 3 months of death) Int. Resection

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
528

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) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) Ins.  
Address Excelsior Springs Mo Date signed 12/27/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-14-76

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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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.