

Registration District No. **243**Primary Registration District No. **6237**Registrar's No. **5**

1. PLACE OF DEATH:

- (a) County **Ray**
 (b) City or town **Excelsior Springs Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **2**

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days3. (a) PRINT
FULL NAME **Sophronia Holderman**3. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex **Female**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 _____ years7. Birth date of deceased **Feb 26 1849**
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

90**11**

hr.

min.

9. Birthplace **Hodgeville Ky**
(City, town, or county) (State or foreign country)10. Usual occupation **House Keeper**11. Industry or business **Gen'l work**12. Name **Barney Walters**13. Birthplace **Ky**
(City, town, or county) (State or foreign country)14. Maiden name **Dora Andrew**
(City, town, or county) (State or foreign country)15. Birthplace **Ky**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Mrs Mary Wilson**(b) Address **Excelsior Springs**17. (a) _____ (b) Date thereof **Jan-28-40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Liberty Fairview**18. (a) Signature of funeral director **Leonard Fry**(b) Address **7 Kearney St**19. (a) **1-28-40** (b) **Ed Gibson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo** (b) County **Clay**
 (c) City or town **Holt**
 (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26**
 year **1940** hour **6:30** minute **4** A.M.21. I hereby certify that I attended the deceased from **Jan 25**
 1940, to **Jan 25** 1940
 that I last saw her alive on **January 25**, 1940
 and that death occurred on the date and hour stated above.Immediate cause of death **Cardiac Failure** Duration _____Due to **Hypostatic Pneumonia**
infectionDue to **Bed confinement**Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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)
 (e) Means of injury **3**23. Signature **Donald R. Collins** (M. D. or other) **M.D.**
 Address **Holt Missouri** Date signed **1-27-40**

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.....

Licensed Embalmer No. *1677*

P. O. Address. *Kearney Rd*

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, above space should be left blank.