

FILED NOV 9 1948

Registration District No. 298

Primary Registration District No. 6024

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Poak
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural
(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 HARDY HOLMAN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MO 5. Color or race W 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 March 21 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 28 hr. min.

9. Birthplace Lawsan Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Levi A. Holman

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

14. Maiden name Mary Seegarden

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

16. (a) Informant Mrs. J. F. Atkins

(b) Address Lawsan Mo

17. (a) Burial (b) Date thereof Oct 21 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Jarman Prichard
(b) Address Lawsan Mo

19. (a) Oct 20, 1948 (b) Mrs. Raymond Howe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1948 hour 9 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 15 1948 to Oct. 19 1948
that I last saw him alive on Oct. 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Pulmonary edema
Due to Chronic Bronchiectasis

Due to.....

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

Major findings: Of operations A B C
Of autopsy.....

Duration
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)
(c) Means of injury 0

23. Signature Arthur Queher (M. D. or other)
Address Lawsan Date signed Oct 20 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 11-8-48.....

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 Blanche Buehler.....

Licensed Embalmer No. 2751.....

P. O. Address. Excelsior Springs.....

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.