S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9027

FILED MAR 25 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 51

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home 427 Wooster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(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 Louis G. (Lou) Holt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lily Holt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 15, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	3	17	hr. min.

9. Birthplace Clinton, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Stonecutter
11. Industry or business
FATHER
12. Name John Holt
13. Birthplace Canada (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Clark
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charles M. George
(b) Address Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 5 48 (Month) (Day) (Year)
(c) Place: burial or cremation Carthage Mo.
18. (a) Signature of funeral director Hurlbut-Glover
(b) Address Joplin, Mo.
19. (a) 3-5-1948 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 9:40 minute A M.
21. I hereby certify that I attended the deceased from Feb 28 '48, 19, to Mar 3 1948 that I last saw him alive on Mar 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Arteriosclerosis
Due to renal disease
Due to Senility
Other conditions Bronchiectasis
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury
23. Signature George H. Wood (M. D. or other)
Address Carthage Mo Date signed Mar 4 '48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-144

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.