

FILED JUL 19 1948

Registration District No. 234

Primary Registration District No. 5867

Registrar's No. 19

1. PLACE OF DEATH:

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

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

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

In this community 15 years
years, months or days)3. (a) PRINT FULL NAME Dallas Jack Holman3. (b) If veteran, name war -- 3. (c) Social Security No. --4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 22 1928
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
20 3 29 _____ hr. _____ min.9. Birthplace Alton Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Polk Holman13. Birthplace Thayer Missouri
(City, town, or county) (State or foreign country)14. Maiden name Gladys Blankenship15. Birthplace Thayer Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Polk Holman(b) Address Thayer, Mo.17. (a) Burial (b) Date thereof 5/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Norman Cem.18. (a) Signature of funeral director Edith Brass(b) Address Thayer, Mo.19. (a) 7-12-48 (b) Edith Brass
(Date received local registrar) (Registrar's signature) 258

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
 (c) City or town Thayer (Rural) 2
 (If outside city or town limits, write "RURAL") 0

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1948 hour 11 minute 30 P. M.21. I hereby certify that I attended the deceased from Feb 15
1948, to May 21 1948, 19 _____that I last saw him alive on April 28 1948, 19 _____
and that death occurred on the date and hour stated above.Immediate cause of death Cancer Duration _____Due to Cancer of Spine

Due to _____

Other conditions: _____
(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 ?23. Signature H. R. Forest (M. D. or other) _____Address Alton Mo Date signed 5/27/48

~~Date Filed 7-14-48~~
~~District File Number 778767~~
District Health Officer No. 5,
RECEIVED 7-14-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.