

RECD NOV 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36269  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Mason Primary Registration District No. 2029  
(c) City Hannibal (d) Street No. 1911 Spruce St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles W Holmes

(a) Residence, No. 1911 Spruce St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Holmes  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858-May-17  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 5 14  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Jessie S. Holmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Carolyn Holmes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Lucy Holmes (ADDRESS) 1911 Spruce St

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson DATE Oct 17, 1938

19. FUNERAL DIRECTOR Wm. Lephur (ADDRESS) 910 North St

20. FILED Oct 17, 1938 J. C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14<sup>th</sup>, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1938 to Oct 14<sup>th</sup>, 1938  
I last saw him alive on Oct 14<sup>th</sup>, 1938 Death is said to have occurred on the date stated above, at 2 a. m.  
The principal cause of death and related causes of importance were as follows:

Wren's pneumonia  
131  
Other contributory causes of importance:  
Strains to photos

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. P. M. Meek, M. D.  
(Address) Hannibal, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, William Sephus, Licensed Embalmer No. 3420

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William Sephus

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3420

**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.)**