

DEC 14 1938

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

38423  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4657  
 (c) City Kansas City (d) Street No. St. Marys Hospital. St.  
 (e) Length of residence in city or town where death occurred 63 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mr. Guy HOLMES.

(a) Residence, No. 3724 Broadway. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Henry Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 6 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Film  
 9. Industry or business in which work was done, as saw mill, bank, etc. Censor.  
 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) Missouri. 0

FATHER 13. NAME George Holmes.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

MOTHER 15. MAIDEN NAME Susan Stone.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia. 1

17. INFORMANT (ADDRESS) Robert S. Holmes.  
3724 Broadway.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 12/1/38. 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley.  
K. C. Mo.

20. FILED Nov 30 19 38 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1937, to Nov. 29, 1938  
 I last saw h. i. m. alive on Nov. 29, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum Date of onset 1936(?)  
46

Other contributory causes of importance: metastases to liver and mesenteric glands

Name of operation Colostomy Date of 12/1/37  
 What test confirmed diagnosis? X-ray Was there an autopsy? yes

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? no  
 If so, specify \_\_\_\_\_

(Signed) Dr. Hoffman M. D.  
 (Address) 408 Lafayette Bldg.  
Kansas City

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 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, above space should be left blank.**