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.

REC'D JUL 18 1939

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

22681
Do not use this space.

65

1. PLACE OF DEATH
(a) County Mercer 21
(b) Township Mill Grove 1
(c) City Mill Grove
Registration District No. 334
Primary Registration District No. 4826
Registered No. 12
(d) Street No. ..... 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 452 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Holmes
(a) Residence, No. Mill Grove Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1866

7. AGE: Years 72 | Months II | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Black Smith
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) Renault
(STATE OR COUNTRY) Ill. 1

FATHER
13. NAME William Holmes 9
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 9

MOTHER
15. MAIDEN NAME Martha ----Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Josie Holmes
(ADDRESS) Mill Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mill Grove Cem. DATE June 14 1939

19. FUNERAL DIRECTOR (NAME) Chas. E. Schooler
(ADDRESS) Spickard Mo

20. FILED June 19, 1939 Mrs Claud Thomas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to June 10, 1939
I last saw him alive on June 10, 1939. Death is said to have occurred on the date stated above, at 4:00pM
The principal cause of death and related causes of importance were as follows:

Organic Heart Disease — Date of onset 1934

Other contributory causes of importance:

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) O. A. Ewing, M. D.
(Address) Spickard Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 739-800
JUL 11 1939

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 com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank. Not Embalmed