

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

**32246**  
 Do not use this space.

REC'D OCT 10 1939

**1. PLACE OF DEATH**

(a) County Cooper Registration District No. 219  
 (b) Township Kelly Primary Registration District No. 5299 Registered No. \_\_\_\_\_  
 (c) City Bunston, Mo. (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Harry Edward Holmes  
 (a) Residence, No. Bunston Mo. R. F. D. #2 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1<sup>st</sup>, 1939, to Oct 1, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26

I last saw him alive on Oct 1<sup>st</sup>, 1939. Death is said to have occurred on the date stated above, at 9 P. m.

7. AGE YEARS 58 MONTHS 11 DAYS 5 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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 Life

Stroke from you hat wound in head  
167  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin, Mo.

Other contributory causes of importance: none

FATHER 13. NAME Unknown

Name of operation none Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicidal? \_\_\_\_\_ Date of injury Oct 1<sup>st</sup>, 1939

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

Where did injury occur? at home (Specify city of town, county, and State)

17. INFORMANT (ADDRESS) Mrs. H. E. Holmes, Bunston, Mo. R. F. D. #2

Specify whether injury occurred in industry, in home, or in public place. at home

18. BURIAL, CREMATION, OR REMOVAL PLACE Baxter Cemetery DATE 10-4-39

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

19. FUNERAL DIRECTOR (ADDRESS) Parker Funeral Service, Bunston, Mo.

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 10-3-39 Ann Whitaker Local Registrar.

If so, specify \_\_\_\_\_ (Signed) W. E. Whitaker, M. D. (Address) Bunston, Mo.

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

APR 15 1957

APR 17 1957

STATEMENT BY LICENSED EMBALMER

I, *P. A. Parker*, Licensed Embalmer No. *2549*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *W. J. Setty*

L. E.

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

working under my personal supervision.

Signed *P. A. Parker*

Licensed Embalmer No. \_\_\_\_\_

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

32246  
Do not use this space.

1. PLACE OF DEATH  
(a) County Cooper Registration District No. 219  
(b) Township Kelley Primary Registration District No. 5299 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Edward Holmes  
(a) Residence, No. \_\_\_\_\_ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-1880  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 38 11 25  
OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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) \_\_\_\_\_  
FATHER  
13. NAME \_\_\_\_\_  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
MOTHER  
15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
17. INFORMANT (ADDRESS) \_\_\_\_\_  
18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_  
19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_  
20. FILED 10-3-39 Ann Whitaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1939  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_  
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) W. A. Elliott, M. D.  
(Address) Barreton

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

S-32246