

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39010
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001 Registered No. 1141
 (c) City St. Joseph, (d) Street No. St. Joseph's Hospital, 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 455 Fred Holman,
 (a) Residence, No. 108 North 2nd. 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) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie C. Holman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 4 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teamster,
 9. Industry or business in which work was done, as saw mill, bank, etc. Coal,
 10. Date deceased last worked at this occupation (month and year) November 1939. 11. Total time (years) spent in this occupation. 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

FATHER
 13. NAME Unknown,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

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

17. INFORMANT (ADDRESS) Social Welfare Board Records 10th. & Olive Streets,

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Nov. 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kenton B. Baker & Bowman 319 So. 10th. Str. St. Joseph, Mo.

20. FILED Nov 8 39 H. J. Westlake Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1939, to 11/3, 1939
 I last saw her alive on 11/3, 1939 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Right Hemiplegia
Arteriosclerotic Heart Disease
Hypertension
 Other contributory causes of importance:
Arteriosclerosis of 2nd
Arteriosclerosis

Name of operation no Date of no
 What test confirmed diagnosis? Obtained Was there an autopsy? no

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) Arnell Tracy, M. D.
 (Address) St. Joseph, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2. 20M-9-19-38 I X16603

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.

DEPARTMENT OF HEALTH

STATE OF MICHIGAN

OFFICE OF THE STATE EMBALMER

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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 Nov. 3, 193

Registered Apprentice No. _____

working under my personal supervision.

Signed [Signature]

State of Michigan

Licensed Embalmer No. 3007

P. O. Address 347 St. 10300 Joseph W

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.