

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

39865
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 423
 (b) Township Washington, Brookings Primary Registration District No. 5557
 (c) City or ~~Kennett, Mo.~~ (d) Street No. Raytown, Mo. 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

Mary A. Holmes,
 (a) Residence, No. Raytown, Mo. 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 Female 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 W. H. Holmes,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1857,
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home,
 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) Illinois, (STATE OR COUNTRY)

FATHER 13. NAME Frank Radley,

14. BIRTHPLACE (CITY OR TOWN) Virginia, (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Overturve,

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

17. INFORMANT (ADDRESS) Andrew Smith,
Raytown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE November 8, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure, (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 11-7-39 McClure Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1939,

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw her alive on Nov 5, 1939. Death is said to have occurred on the date stated above, at 6:35a m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1-1-28
Myocardial degeneration 1-1-38
Transition 10-1-39

Other contributory causes of importance: Senility 930 1925

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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?
 If so, specify _____ (Signed) McClure, M. D.
 _____ (Address) Raytown, 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.

Dr. D. N. Eubank,

Raytown Mo

10:30 A/M

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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

Lawrence Turner Jr.

Registered Apprentice No. *222*

working under my personal supervision.

Signed

J. Allen

Licensed Embalmer No. *1415*

P. O. Address *14. C. Mo*

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.