

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington, Mo.
(c) Name of hospital or institution: Died at home
(d) Length of stay: In hospital or institution _____
In this community Lexington, Mo. Lifetimes

3. (a) PRINT FULL NAME: John Henry Holmes
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 4, 1872

8. AGE: Years 67 Months 11 Days 12
If less than one day _____ min.

9. Birthplace Lexington, Mo.
10. Usual occupation Farming

11. Industry or business _____
12. Name Richard Holmes
13. Birthplace Versalle, Mo.
14. Maiden name Fannie Walker
15. Birthplace Lexington, Mo.

16. (a) Informant's own signature _____
(b) Address _____

17. (a) Burial (b) Date thereof 1-18-1940
(c) Place: burial or cremation Forest Hills

18. (a) Signature of funeral director _____
(b) Address 204 So 24th St.
19. (a) Jan 25 (b) W. Selig Bald. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington, Mo.
(d) Street No. 197 Taylor
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 16th
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 11th 1939, to Jan 16, 1940
that I last saw him alive on January 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Other conditions chronic myocarditis

Due to _____
Due to _____
Major findings: Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. D. Ball (M. D. or other)
Address Lexington, Mo. Date signed 1-21-40

Duration 2 weeks 7 days
PHYSICIAN Underline the cause to which death should be charged statistically.

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.

RECEIVED
District Health Officer No. 8,
District File No. _____
Date Filed *1/19/40*

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.....
George Henry Green, Registered Apprentice No. *235*
working under my personal supervision.

Signed.....*William Hurley*
Licensed Embalmer No. *3105*
P. O. Address.....*#204-So. 24th, Lexington, Va.*

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.