

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Mercer
 (b) City or town Princeton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community
 years, months or days) 11/2

8. (a) PRINT FULL NAME Walter Wilkin Holmes

8. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex Male

5. Color or

race White6. (a) Single, widWed, 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 March 1th 1940
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

2 hr. 45 min.9. Birthplace Princeton

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Walter Holmes13. Birthplace Princeton

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name Ellen Wilkin15. Birthplace Kansas City

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant's own signature Pat Holmes(b) Address Princeton, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2-40
(Month) (Day) (Year)(c) Place: burial or cremation Princeton18. (a) Signature of funeral director Walter Funeral Home(b) Address Princeton, Mo.19. (a) 4-40 (Date received local registrar) (b) J.M. Perry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
 (c) City or town Princeton, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st.
year 1940 hour 11:10 minute _____ A. M.21. I hereby certify that I attended the deceased from birth
Mar. 1 1940, to Mar. 1 1940
that I last saw him alive on Mar. 1, (1:55) P.M., 1940
and that death occurred on the date and hour stated above.Immediate cause of death Prematurity, 280
day maturity date would have
been May 8th, 1940. MotherDue to fell on ice at 3 p.m. Feb.
29th, resulting in a partialDue to separation of placenta,
and a precipitate birth the
Other conditions next morning. Died at
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy None made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
 (b) Date of occurrence _____
 (c) Where did injury occur? None
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fall in street.

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature A.S. Bristow (M. D. or _____)
Address Bristow Bldg. Princeton Date signed 3.1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 11,

District File Number 440-443

Date Filed APR 3 1940

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

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