

MAY 13 1940

Registration District No. 461

Primary Registration District No. 3034

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.

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lafayette

(c) Name of hospital or institution: S. St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 3 yrs.
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME ELIZA JANE HOLMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James J. Holman

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 5 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 7 18 hr. _____ min.

9. Birthplace Luxington, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name John C. Hill

13. Birthplace Key
(City, town, or county) (State or foreign country)

14. Maiden name Rousley M. Hays

15. Birthplace Key
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Holdrege

(b) Address Luxington, Mo

17. (a) Burial (b) Date thereof April 26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington Mo

18. (a) Signature of funeral director Wm. H. Bates

(b) Address Luxington, Mo

19. (a) May 8 1940 (b) Wm. H. Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

(c) City or town S. St.
(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 April day 23
year 1940 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 25, 1940, to April 23, 1940; that I last saw her alive on April 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Coronary Arteriosclerosis

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

Duration Several years

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? goc

While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature Wm. H. Bates (M. D. or other) _____

Address Luxington, Mo Date signed 4/24/40

RECEIVED
District Health Officer No. 8,
District File Number 5710/140
Date Filed

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 Geo. A. McKeon
Licensed Embalmer No. He 2983
P. O. Address Levington, 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.