No. 2
11-10-39
-17-39
X21492

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

FILED JUL 22 1940 JUN 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19794

Registration District No. 872 Primary Registration District No. ~~4526~~ 6156A Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Milo
(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 (Specify whether years, months or days)
In this community Five years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Milo
(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.

3. (a) PRINT FULL NAME Jennie F. Holmes
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 11 (Month) 11 (Day) 1871 (Year)

8. AGE: Years 68 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
12. Name G. W. Easley (FATHER)
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Pauline Walters (MOTHER)
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. L. Adams
(b) Address Moderne, Louisiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Mo.
18. (a) Signature of funeral director Allen Hays
(b) Address Nevada Mo.
19. (a) 5/20/40 (Date received local registrar) (b) Allen Hays (Registrar's signature)
Mrs. R. D. Eckley
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20, 1940 year 1940 hour 2 64 A minute A M.

21. I hereby certify that I attended the deceased from April 15, 1940 to May 20 1940 that I last saw her alive on May 18 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of left foot
Diabetes Mellitus — Duration 2 mo
Due to
Due to 54
Other conditions Arteriosclerosis — Duration 3 yr
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Nevada Mo Date signed 5-20-40

RECEIVED
District Health Officer No. 7
District File Number 6-40-887
Date Filed 5-11-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Allen E. Hays

Licensed Embalmer No. 968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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