No. 2
-13-40
17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 10 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 24697

Registrar's No. 822

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dr Hartsock's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. 22 days (Specify whether
In this community 4 mo. 22 da. years, months or days)

416

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio
(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 Eva Mary Holbrook

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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 October (Month) 20 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	9	hr. min.

9. Birthplace Tarkio (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation at home 4

11. Industry or business

FATHER
12. Name Francis Holbrook 6
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Margaret Cres
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss Irene Holbrook
(b) Address Tarkio Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof July (Month) 29 (Day) 1940 (Year)
(c) Place: burial or cremation Tarkio Missouri

18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address St Joseph Missouri

19. (a) 7/30/40 (Date received local registrar) (b) H J Hettebrock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from July 29, 1940, to July 29, 1940
that I last saw her alive on 1 pm 7-29, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hast-fastens due to Toxemia

Due to 46

Due to

Other conditions Carcinomia of Sigmoid
(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy -

Duration

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? 85
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature T H Hedgpeth (M. Dror other) TH
Address Kirkpatrick Bldg Date signed 7/29-40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm E Summerfield

Licensed Embalmer No. 8007

P. O. Address 349 S. U St Joseph

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

If this body is not embalmed, fact should be so stated above.