

SEP 25 1940
 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29346

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 95

1. PLACE OF DEATH:
 (a) County PHELPS
 (b) City or town ROLLA
 (c) Name of hospital or institution 608 W EIGHTH
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 35 YEARS
 In this community 115
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County PHELPS
 (c) City or town ROLLA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 608 W EIGHTH
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) Name of deceased BENJAMIN HOLMES
 (b) If veteran, name war WORLD WAR
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 9
 year 1940 hour 7:30 minute 9 M.
 21. I hereby certify that I attended the deceased from Jan 1, 1938
 _____, 19____, to Aug 9, 1940;
 that I last saw him alive on Aug 9, 1940
 and that death occurred on the date and hour stated above.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife EVA LEE HOLMES
 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased FEB 18 1890
 (Month) (Day) (Year)

Immediate cause of death Heart failure Duration 18 mo.
 Due to Hypertension 15 yrs?
 Due to _____ 121

8. AGE: Years 50 Months 5 Days 21
 If less than one day _____ hr. _____ min.

Other conditions chr nephritis 10 mo.
 (Include pregnancy within 3 months of death)

9. Birthplace VIENNA MO
 (City, town, or county) (State or foreign country)

10. Usual occupation ATTORNEY
 11. Industry or business _____
 12. Name JOHN O HOLMES
 13. Birthplace OSAGE CO MO
 (City, town, or county) (State or foreign country)
 14. Maiden name MARIE SUNDERNEIER
 15. Birthplace MARIAS CO MO
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Eva Lee Holmes
 (b) Address Rolla mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) _____ (b) Date thereof AUG 11 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rolla

(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? 610

18. (a) Signature of funeral director Low Clark
 (b) Address Rolla mo
 19. (a) Aug 20, 1940 (b) Joe F. Ayers
 (Date received local registrar) (Registrar's signature)

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature E. E. Farnell M.D. (M. D. or other)
 Address Rolla mo. Date signed 8-10-40

RECEIVED

District Health Officer No. 5,

District File Number 840848

Date Filed _____

108 W EIGHTH
MAY 10 1910

108 W EIGHTH
MAY 10 1910
MALE
WHITE
EARL E. HOLMES

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 _____

working under my personal supervision.

Signed

Earl E. Holmes

Registered Apprentice No. _____

Licensed Embalmer No. 3546

P. O. Address St James

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.