

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32058

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 776

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or township, write "RURAL" and name of township)
(c) Name of hospital or institution:
221 E. Division
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or township, write "RURAL")
(d) Street No. 221 E. Division
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1940 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Sept 25, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Courtesy - occlusion Duration immediate

Due to Patens sclerotic Cardia -
vascular disease (Courtesy) ?
Due to Sclerosis

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

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? 9.84
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature H. Med White (M. D. or other) 5
Address Courtesy Greene County Date signed 9/25/40

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

3. (a) PRINT FULL NAME MANUEL HOLMES

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hella M. Holmes 6. (g) Age of husband or wife if alive 36 years

7. Birth date of deceased: _____ (Month) Oct _____ (Day) 4 _____ (Year) 1879

8. AGE: Years 60 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Paper Hanger

11. Industry or business Papering

12. Name James Holmes

13. Birthplace Unknown Tenn. (City, town, or county) _____ (State or foreign country)

14. Maiden name Missy Nimmo

15. Birthplace Unknown Mo. (City, town, or county) _____ (State or foreign country)

16. (a) Informant Hella M. Holmes

(b) Address 221 E. Division Springfield

17. (a) Burial (burial, cremation, or removal) (b) Date there 9-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Quendrum Cemetery

18. (a) Signature of funeral director W. E. Sandley

(b) Address Springfield Mo.

19. (a) 9-27-40 (Date received local registrar) W. E. Sandley M.D. (Registrar's signature) RD

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

Cyril Stone Jr., Registered Apprentice No. *221*
working under my personal supervision.

Signed *Warren D. Noblett*

Licensed Embalmer No. *4005*

P. O. Address *Springfield 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.