

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.

FILED OCT 1 1940
408

Registration District No. 408 Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
 (c) Name of hospital or institution: McCune-Brooks
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 hours
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Betty Lee Holmes
 8. (b) If veteran, name war None 8. (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 Nov 26 1924
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 9 16 hr. min.

9. Birthplace Pittsburg, Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER
 { 12. Name Paul Holmes
 { 13. Birthplace LeRoy, Kansas
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Maude E. Hoggatt
 { 15. Birthplace LaCygne, Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Holmes
 (b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof Sept 15 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Neosho, Mo.

18. (a) Signature of funeral director Konantz Funeral Home
 (b) Address Lamar, Mo.

19. (a) Sept. 13, 1940 (b) E. J. McEntire, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Lamar
 (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 Sept day 12th
 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 7, 1940 to Sept 12, 1940
 and that I last saw her alive on Sept 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Coma Duration _____
 Due to Diabetes
 Due to _____
 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? _____

(Specify type of place) _____
 While at work _____ (e) Means of injury _____
 28. Signature E. E. Ducruet (M. D. or other) M. D.
 Address Lamar Mo Date signed 9/18/40

40-10-434

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.....

Leslie S. Hubbard

Licensed Embalmer No..... 3550

P. O. Address..... Lamar, 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.