

Registration District No. 22

Primary Registration District No. 0031

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

1. PLACE OF DEATH:

(a) County. Atchison

(b) City or town. Rural Lincoln Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At farm home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community Fifty One years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henrietta May Holmes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife LeRoy Holmes 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August, 1 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months II Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name David Piester

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Alice M Williams

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Lelley Holmes

(b) Address Westboro, Missouri

17. (a) Removal (b) Date thereof July 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houser Cemetery near Northboro Iowa

18. (a) Signature of funeral director Edith T. ... (Specify type of place) _____ (e) Means of injury _____

(b) Address Westboro, Missouri

19. (a) July 15, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Rural
(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 July day 13th
year 1940 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 15, 37
July 13 1937 to July 13, 1940
that I last saw her alive on July 2, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 3 yrs.

Due to _____

Due to _____

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

Major findings: Carcinoma of stomach with metastasis PHYSICIAN _____

Of operations _____ Underlies the cause to which death should be charged statistically.

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (e) Means of injury _____

23. Signature Quay Vaughn (M. D. or other) _____
Marked ... Address _____ Date signed July 14, 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.....

Scott Tucker

Registered Apprentice No.....

working under my personal supervision.

Signed

Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, 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.