

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH: **Jasper**
(a) County **Joplin**
(b) City or town
(c) Name of hospital or institution **St. Johns hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Gladys Holmes**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **NO**

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

6. (b) Name of husband or wife **Kermit Holmes**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 3 1911**
(Month) (Day) (Year)

8. AGE: Years **29** Months **5** Days **1**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **HOUSE WIFE**

11. Industry or business **MILLER PANT FACTORY**

12. Name **J. A. LACY**

13. Birthplace **TEXAS**
(City, town, or county) (State or foreign country)

14. Maiden name **NO RECORD**

15. Birthplace **NO RECORD**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Sue Legg**

(b) Address **PO BOX 264 (Joplin)**

17. (a) **Burial** (b) Date thereof **11-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **[Signature]**
(b) Address **212 Joplin St. Joplin, Mo.**

19. (a) **11-7-40** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **KANSAS** (b) County **MONTGOMERY**
(c) City or town **CHERRYVALE**
(If outside city or town limits, write "RURAL")
(d) Street No. **ALBERTA HOTEL**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4**
year **1940** hour **5** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **11-4**
to **11-4**, 19**40**
I am a _____
I was called on _____, 19**40**
The death occurred on the date and hour stated above.

Immediate cause of death
Crushed chest / auto accident
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **11-3-40**
(c) Where did injury occur? **Joplin Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
37th & High way
While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address _____ Date signed **11-5-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

PAID DECEASED

40-12-547

21 NOV 26 1945

NOV 2 1945

BUL 27 1945

DEC 21 1948

AUG 23 1948

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..... *Henry K. Zuehlke*

Licensed Embalmer No. *959*

P. O. Address *Allen Ave*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7
State File No. 38899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Gladys Holmes

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 5 1 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

20. DATE OF DEATH: Month 11 day 4
year _____ hour _____ minute _____ M.

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

Immediate cause of death Pulmonary Hemorrhage Duration

Due to Crushed chest auto accident car overturned on State highway
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 710 4-25
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) accident
(b) Date of occurrence 11-3-1940
(c) Where did injury occur? Joplin mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway (Specify type of place) (e) Means of injury

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

SUPPLEMENTAL

