

FEB 14 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital #12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos 5
(Specify whether years, months or days)
In this community ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway (pop) 12
(c) City or town Clarksville
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour 5 minute 40 P M.

21. I hereby certify that I attended the deceased from Sept 11
_____, 1940, to Jan 9, 1941;
that I last saw him alive on Jan 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of larynx 2 yrs

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)
Generalized arteriosclerosis

Major findings:
Of operations as above

Of autopsy _____

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? _____

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

23. Signature John J. Black (M. D. or other) D
Address Fulton, Mo Date signed 1/9/41

3. (a) PRINT FULL NAME R. E. L. HOLMES

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

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

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

7. Birth date of deceased Aug 8 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation inventor

11. Industry or business OK

12. Name John W. Holmes

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

14. Maiden name OK

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

16. (a) Informant F. O. Cabert (Grandson)

(b) Address Bowling Green, Mo.

17. (a) Memorial (b) Date thereof Jan 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waukegan, Illinois

18. (a) Signature of funeral director Leo E. Warrace

(b) Address Fulton Mo

19. (a) 1-11-41 (b) R. N. Creech
(Date received local registrar) (Registrar's signature)

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

4
1
2

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

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 Les H Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1996

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 104

Primary Registration District No. 3008

Registrar's No.

WRITE PLAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD
BROWENA MISSOURI

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(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 m (Specify whether
In this community m years, months or days)

3. (a) PRINT FULL NAME R. E. L. Holmes
3. (b) If veteran, name war. Adamsville mo
3. (c) Social Security No.

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced wd
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 78 Months 5 Days 1 If less than one day hr min

9. Birthplace (City, town, or county) (State 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) R. N. Crews (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Pike
(c) City or town. Charnsville (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 1 day 9 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death

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)
(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?

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

23. Signature John Black (M. D. or other) Address Fulton mo signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

11

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