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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5925

Registrar's No. 697

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

18
3
8

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1304 East 32nd St. Terrace, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community All his life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

48
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(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 1304 East 32nd St. Terrace,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 0 years.

3. (a) PRINT FULL NAME Riley S. Holman,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, / divorced Married,

6. (b) Name of husband or wife Ruth S. Holman,

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January (Month) 9th (Day) 1857 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	1	6	hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired,

11. Industry or business x

FATHER
12. Name Dr. John Holman,
13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Sebree,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Harry T. Redd,
(b) Address 1304 E. 32nd St. Ter., K.C., Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/17/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th,
year 1941 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 6, 1941 to Feb 16, 1941;
that I last saw him alive on Feb 14, 1941, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Due to 33

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Schutz,
Propp. Bldg. 2 o'clock

Oscar
get

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 Felix Renz

Licensed Embalmer No. 4127

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.