. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6293

MAR 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 168

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

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 10 days (Specify whether
In this community 10 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5801 Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDMUND J. HOLMES

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Electa Frances Holmes

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

7. Birth date of deceased May (Month) 29 (Day) 1859 (Year)

8. AGE: Years 81 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John B. Holmes
13. Birthplace ? (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Susannah Thompson
15. Birthplace ? (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Hosp. Records
(b) Address State Hosp. #2 St Joseph, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director R. E. Snow K.C. Mo
(b) Address 315 Linwood Blvd K.C. Mo

19. (a) 2/10/41 (Date received local registrar) (b) H J Nesthebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1941 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 29, 1941, to Feb 9, 1941;
that I last saw him alive on Feb. 9, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	3
Due to	
Due to	
Other conditions: Generalized Arteriosclerosis (Include pregnancy within 3 months of death) Senile Psychosis	
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? 85 (Specify type of place)
While at work? (e) Means of injury

23. Signature Kenneth Thompson (M. D. ~~[illegible]~~) M. D.
Address State Hosp. #2 St Joseph, Mo Date signed 2-9-41

(Licensed Embalmer's Statement on Reverse Side)

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 R. E. Snow

Licensed Embalmer No. 2560

P. O. Address 3315 Linwood

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.)

R. E. Snow

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