

S. No. 2
-4-13-40
5-17-39
P I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9525

APR 15 1941

Registration District No. 2999

Primary Registration District No. 1002

State File No. _____

Registrar's No. 934

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

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 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 6 months,
years, months or days)

3. (a) PRINT FULLNAME Mrs. Ruth Staples Holman,
(b) If veteran, name war no.
(c) Social Security No. no.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Riley S. Holman,
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased March 18 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Tobe Staples,
13. Birthplace Unknown, _____
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Sparks,
15. Birthplace Missouri, _____
(City, town, or county) (State or foreign country)

16. (a) Informant H. T. Redd,
(b) Address 1304 East 32nd Terrace, K.C., Mo

17. (a) Cremation (b) Date thereof 3-8-41
(Burial, cremation, or removal) (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) 3/6/41 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(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 Terrace,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 6th,
year 1941 hour 11:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 1941 to March 6 1941
that I last saw him alive on March 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to arteriosclerosis

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

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? _____

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

23. Signature Looney (M. D. or other) _____
Address 1210 Dupont Date signed _____

Dr. Schultz,
Prof. of Body.

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

Willis H. Bennett

, Registered Apprentice No. 282

working under my personal supervision.

Signed

E. M. Clark

Licensed Embalmer No. 1848

P. O. Address K. C. 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.