

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City Kansas City (No. Trinity Lutheran Hosp.) St. 24 Ward

2. FULL NAME ANNA C. HOLMES  
(a) Residence, No. Elms Blvd. S. Ward. Excelsior Spgs Mo  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 3 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JESSE D. HOLMES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 3, 1866

7. AGE YEARS MONTHS DAY: If LESS than 1 day, hrs. or min.  
74 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COVINGTON KENTUCKY 1

13. NAME FELIX EDWARDS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KENTUCKY 1

15. MAIDEN NAME GORDEA EDWARDS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown KENTUCKY 1

17. INFORMANT (ADDRESS) Dr. H. Adams  
Excelsior Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Center DAY 3-26-41

19. UNDERTAKER (ADDRESS) Herbert Hope  
Excelsior Springs

20. FILED 3/22/41 19 41 M. M. Crown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1941

22. I HEREBY CERTIFY That I attended deceased from Feb 25th 1941, to March 22, 1941  
I last saw h. at alive on March 22, 1941 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Embolism Date of onset

Other contributory causes of importance:  
Carcinoma of left lobia vaginalis, extending over pubis

Name of operation Complete removal of Date of Feb 25, 1941  
What last confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury 19  
Where did injury occur?  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) W. B. Herbert M. D.  
(Address) 618 Professional Bldg  
Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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