

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15085

State File No. \_\_\_\_\_

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Livingston  
 (b) City or town Chillicothe  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Chillicothe Hospital  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 12 hours 45 min  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
 (c) City or town Braymer  
 (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.? 1 years

3. (a) PRINT FULL NAME Stella C. Holmes

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

4. Sex Female 5. Color or race wh  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife H. D. Holmes  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Sept. 1 1884  
 (Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 7 If less than one day L  
 hr. min.

9. Birthplace Braymer Mo. U  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name John Schultz  
 13. Birthplace Canada  
 14. Maiden name Mary Madrier  
 15. Birthplace Arkansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. L. Holmes

(b) Address Braymer Mo.

17. (a) Burial (b) Date thereof 5-9-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation F. P. Michael

18. (a) Signature of funeral director F. P. Michael  
 (b) Address Braymer Mo.

19. (a) 5-7-41 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
 year 1941 hour 11 minute 25 P.M.  
 21. I hereby certify that I attended the deceased from 9 May  
7, 1941 to 9 May 7, 1941  
 that I last saw her alive on 9 May 7, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Diabetes Mellitus  
 (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?  
43 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or \_\_\_\_\_)  
 Address Chillicothe Date signed 5-7-41

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

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.

**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 E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braym 74

**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, above space should be left blank.**