

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17222

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1884

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution: Conley Clinic  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Month  
 In this community 17 YEARS  
 years, months or days

3. (a) PRINT FULL NAME Charles R. Holcomb  
 (b) If veteran, name war. -----  
 (c) Social Security No. 495-05-7360

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Ora L. Holcomb  
 (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased Dec. 28 1878  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 14  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Mark H. Holcomb  
 13. Birthplace Alfaca Hawkins  
 (City, town, or county) (State or foreign country)

14. Maiden name Boone County Missouri  
 15. Birthplace Ora L. Holcomb  
 (City, town, or county) (State or foreign country)

16. (a) Informant 523 Gladstone  
 (b) Address

17. (a) Removal (b) Date thereof May 14 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Keytesville Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster  
 (b) Address 918 Brooklyn KCM

19. (a) May 13 1941 (b) M. M. Brown  
 (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. 523 Gladstone  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
 year 1941 hour 5 minutes 25 P.M.  
 21. I hereby certify that I attended the deceased from April 12 1941 to May 12 1941  
 that I last saw him alive on May 12 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus  
Gangrene Right leg  
Ruptured Aneurysm R. Femoral Artery  
 Other conditions R. Femoral Artery  
 (Include pregnancy within 3 months of death)

Major findings: Lungs sclerosed  
Aneurysm Rupture R. Femoral  
 Of autopsy \_\_\_\_\_

Duration  
3 hours  
4-26  
4-26  
10  
4-12  
 PHYSICIAN  
 Underline 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?

While at work? \_\_\_\_\_ (Specify type of plant)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature John J. Johnson (M.D. or other) \_\_\_\_\_  
 Address 1613 W. 19th St Date signed 5/13/41

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed G. H. Wise

Licensed Embalmer No. 2570

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.**