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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19602 17305

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 548

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: 2710 Douglas Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2710 Douglas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Anna May Holbrook

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Daniel Wheeler Holbrook

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

7. Birth date of deceased: May (Month) 18 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	5	hr. min.

9. Birthplace: Laramie (City, town, or county) Wyoming (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: —

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. John H. Ward
(b) Address: 2710 Douglas Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 24, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Herman W. Schulhofer
(b) Address: 1802 Union Str. St. Joseph, Mo.

19. (a) 5/24/41 (Date received local registrar) (b) H. J. Huttenbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1941 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from 6-17-1939, 19..., to 5-23-, 1941; that I last saw her alive on 4-27-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus — Duration: 4 years

Due to: —

Due to: —

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.
Of autopsy: None

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: Paul Jungar (M. D. or other) M.D.
Address: St Joseph, Mo. Date signed: 5-24-41

(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 Albert R. Farrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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