

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2454

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:  
Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Larry Oliver Holmes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. June 17th 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days 1 If less than one day 22 hr. 0 min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Herbert A. Holmes  
13. Birthplace Kansas City, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Lura Longbottom  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Holmes  
(b) Address 1639 Chelsea

17. (a) Removal (b) Date thereof June 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanley, Kansas

18. (a) Signature of funeral director. H. E. Julien  
(b) Address Olathe, Kas

19. (a) June 28, 1941 (b) M. M. Groves  
(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. 1639 Chelsea  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th  
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from June 17  
1941 to June 17 1941;  
that I last saw him alive on June 17th 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Arteriosclerosis  
Duration 82 hours

Due to Arteriosclerosis with

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?

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

23. Signature M. M. Groves (M. D. or other).....  
Address Wichita City, Kas Date signed 6-28-41

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

048  
048

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**



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