

No. 2  
4-10  
5  
PI 223159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21524**

Registration District No. **238** Primary Registration District No. **5326** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Dade  
(b) City or town Cedar Township  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Dade  
(c) City or town Lockwood Mo Rural  
(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.? 0 years.

3. (a) PRINT FULL NAME Phillip L. Holcomb  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 22 year 1941 hour 10 minute 45 P.M.

4. Sex M 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Ellie Holcomb (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Sept 28 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2-1940, 19\_\_\_\_, to April 22-1941, 19\_\_\_\_, that I last saw him alive on Nov-15, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
72 6 25 hr. min.

Immediate cause of death Carcinoma of Stomach and Liver

9. Birthplace N. Carolina (City, town, or county) (State or foreign country)

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business Coal mining

Other conditions (Include pregnancy within 3 months of death) 466

MOTHER FATHER  
12. Name Frank Holcomb  
13. Birthplace No Carolina (City, town, or county) (State or foreign country)  
14. Maiden name Paula Long  
15. Birthplace No. Carolina (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Lillie Holcomb  
(b) Address Lockwood Mo  
17. (a) Maple Grove (b) Date thereof Apr 24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Grove Mo

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? \_\_\_\_\_

18. (a) Signature of funeral director W. Ray Caldwell  
(b) Address Lockwood Mo  
19. (a) 4-30-41 (b) J. E. Whem  
(Date received local registrar) (Registrar's signature)

23. Signature C. E. Brickett (M. D. or other) MD  
Address Lawson Mo Date signed Apr 23 1941

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

9  
0  
0

46

RECEIVED

District Health Officer No. 6,

District File Number 741-1230

Date Filed JUL 15 1941

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.....

*Ray Caldwell*  
.....  
License Embalmer No. 3380

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.