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FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21598

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community four months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 33

(c) City or town Kennett 2
(If outside city or town limits, write "RURAL") 2

(d) Street No. 611 N. Walnut St 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Freeman Eugene Holcomb

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29
year 1941 hour 11 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 29 1941 to June 29 1941
that I last saw him alive on June 29 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Feb 13 1941
(Month) (Day) (Year)

Immediate cause of death Colitis

Duration 2 weeks

8. AGE: Years Months Days If less than one day

4 15 4 hr. min.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace Kennett Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Freeman Holcomb

13. Birthplace Don't know Ala 1
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Parker

15. Birthplace Kennett Mo 0
(City, town, or county) (State or foreign country)

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? 261
(Specify type of place)

16. (a) Informant Emily Parker

(b) Address 611 N. Walnut St

17. (a) Burial (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Das Ridge

18. (a) Signature of funeral director Lutz Wild G

(b) Address Kennett Mo

19. (a) 7-3-41 (b) Thelma Doves
(Date received local registrar) (Registrar's signature)

23. Signature Freeman Holcomb (M. D. or other) 7-3-41
Address Kennett Mo Date signed 7-3-41

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

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RECEIVED

District Health Officer No. 930

District File Number 241-930

Date Filed 7/16/41

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.