No. 2
4-13-40
5-17-39
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FILED JUL 11 1941 Duplicate 42997-40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21999

State File No.

Registration District No. 1042 Primary Registration District No. 6614 Registrar's No. 3

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

1. PLACE OF DEATH:
(a) County Laclede Hudson Tp
(b) City or town Corkery mo Rural
(If outside city or town limits, write "RURAL" and name of 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Laclede 53
(c) City or town Corkery Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph Lovic Holman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alma Holman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 26 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
55	6	7	hr. min.

9. Birthplace Boise Idaho (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Holman
13. Birthplace Laclede Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Hunter
15. Birthplace Canada 2 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Alma Holman
(b) Address Corkery mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Prosperine mo
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon, mo.
19. (a) 6-21-41 (Date received local registrar) (b) Josephine Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1940 hour 10 P. minute P M.
21. I hereby certify that I attended the deceased from 12/31, 1941, to 12/31, 1941; that I last saw him alive on 12/31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to	
Due to 94 W	
Other conditions (Include pregnancy within 3 months of death) Acute Cholecystitis	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm J Waibiga (M. D. ~~another~~) GMD
Address Lebanon mo Date signed 12/6/41

(Licensed Embalmer's Statement on Reverse Side)

S-42997

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1142
Date Filed 7-9-41

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 W. E. Holman

Licensed Embalmer No. 4107

P. O. Address Lebanon, 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.