

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 13 1942

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 349

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 28 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Tolk
(c) City or town Bolivar
(If outside city or town limits, write "RURAL")
(d) Street No. Union
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Gillum S. Holmes

3. (b) If veteran, name war WWI 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Loretta Holmes 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased. Dec 15th 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Lula Holmes
13. Birthplace Hartucky
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Hopper
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Removal (b) Date thereof 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar Mo

18. (a) Signature of funeral director Hutchison

(b) Address Bolivar Mo

19. (a) 12-16-41 (b) Allen V. Hooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th
year 1941 4 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 14th, 1941, to Dec 12th, 1941, that I last saw him alive on Dec 11th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis

Due to _____
Due to _____
Other conditions 1620
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 G.S. Waraich (M. D. or other)
Address State Hospital Nevada Date signed 12/12/41

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

108
00

108
00

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2/24

Date Filed 1-7-42

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 J. B. Hutchinson

Licensed Embalmer No. 1331

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, above space should be left blank.