

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 11 1942

Registration District No. 178

Primary Registration District No. 3011

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
421 Isley Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 4 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 421 Isley Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George B. Holman

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased January 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Holman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Rainwater
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Orl Kelley

(b) Address Polo, Mo. Route #3

17. (a) Burial (b) Date thereof 1-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoxville, Mo.

18. (a) Signature of funeral director Clarence ...

(b) Address Excelsior Springs, Mo.

19. (a) Jan - 23 - 42 (b) Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 23
1942 to Jan 23 1942

that I last saw him alive on Jan 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to _____

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)
(Specify means of injury)

23. Signature Quiana Phabelum (M. D. or other) _____
Address Excelsior Springs, Mo. Date signed 1/25/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-42

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

Claude Richard

Licensed Embalmer No.

2751

P. O. Address

Exclusion Spg. 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.