

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST-JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MO-METH-HOSP-  
(If not in hospital or institution, write street number or location) D  
(d) Length of stay: In hospital or institution 1-HOUR  
(Specify whether years, months or days)  
In this community ABOUT-40-YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN  
(c) City or town ST-JOSEPH  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3302 - ST-JOSEPH-AVE.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME JAMES - HOLMES

3. (b) If veteran, name war NO 3. (c) Social Security No. 491-09-7936

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5 year 1942 hour 5: minute A: M.

21. I hereby certify that I attended the deceased from 1-20 1942 to April 5 1942 that I last saw him alive on 4-5 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wht  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Eva M. 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Jan. 31 1885  
(Month) (Day) (Year)

Immediate cause of death Central Apoplexy Febrile  
Due to Arteriosclerosis  
Due to Arteriosclerosis

8. AGE: Years 57 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation Emp of St. Joe Steel PA Co., as foreman.  
11. Industry or business as foreman.

Other conditions Hypertensive Heart Disease  
(Include pregnancy within 3 months of death) Arteriosclerosis

MOTHER FATHER { 12. Name Will  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ireland  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

Major findings: Of operations § 301  
Of autopsy § 301  
Underline the cause to which death should be charged statistically.

16. (a) Informant John C. Colmer  
(b) Address St Joseph MO  
17. (a) burial (b) Date thereof Apr. 7, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memo Park Cem  
18. (a) Signature of funeral director Ray Stamey  
(b) Address St Joseph MO  
19. (a) 4/6/42 (b) Ray Stamey  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
23. Signature Will Clark MO (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

TR 28-1-19

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**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..... *Arthur Roy Stamer*  
Licensed Embalmer No. *2435*  
P. O. Address..... *St Joseph*

**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.**