

FILED SEP 14 1942
Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond City
(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.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
*** (If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Holman

3. (b) If veteran, name war. No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife. Carrie Holman 6. (c) Age of husband or wife if alive. 65 years

7. Birth date of deceased. Oct. 6 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 21
.....hr.min.

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

10. Usual occupation Labor

11. Industry or business

12. Name Ephriam Holman
13. Birthplace Not Known Ray County
(City, town, or county) (State or foreign country)
14. Maiden name Ella Branstter
15. Birthplace Not Known Ray County
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Holman
(b) Address Hardin Mo.

17. (a) Burial (b) Date thereof Aug. 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director. [Signature]
(b) Address Richmond Mo.

19. (a) Aug. 29 1942 (b) Mrs. Mrs. W. Shepperd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1942 hour 11 minute M.

21. I hereby certify that I attended the deceased from Aug. 27 to Aug. 27, 1942
Richmond, Mo.
that I last saw him alive on 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death) 940

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?

(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 0

23. Signature [Signature] (M. D. or other)

Address Richmond Mo. Date signed 8-28-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

89
1
1

89
1
1

#P

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-11-42

[Handwritten notes, possibly "Burial" and "Cremation"]

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, ## _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *E. H. [Signature]* _____

Licensed Embalmer No. 2073 _____

P. O. Address Richmond 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.