

FILED DEC 14 1942

Registration District No. 278 Primary Registration District No. 5954 4413 Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town FRANKFORD
(If outside city or town limits, write "RURAL" and name of township)

(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 1
(Specify whether

In this community LIFE
years, months or days) 2 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

(c) City or town FRANKFORD
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME VIRGIL EUGENE HOLMAN

3. (b) If veteran, name war 3000 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 15
year 1942 hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from March
3, 1939, to Nov. 15, 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATE HOLMAN 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MARCH 28 1858
(Month) (Day) (Year)

Immediate cause of death Stroke
Dementia

Duration

8. AGE: Years Months Days If less than one day

84 7 17 hr. min.

Due to.....

Due to..... 1620

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name WILLIAM HOLMAN

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN HILL

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. KATE HOLMAN

(b) Address FRANKFORD Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 16 42
(Month) (Day) (Year)

(c) Place: burial or cremation FRANKFORD Mo.

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director James Lee

(b) Address Frankford Mo.

19. (a) Dec. 1, 1942 (Date received local registrar) (b) Mrs. R. C. Holman (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury

23. Signature W. J. ... (M. D. or other) 0

Address Frankford, Mo. Date signed 11/18/42

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

8200

8200

1169

RECEIVED

District Health Officer No. 10

District File Number 12-42-4096

Date Filed DEC 12 1918

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 John Elias Meyer

Licensed Embalmer No. 4093

P. O. Address Buffalo, 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.