

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1140
Registrar's No. 90

JAN 21 1943/49
Registration District No. 1

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2912 Nicholas 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 39 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Margaret Lizzie Holcomb
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert H. Holcomb 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased May 22 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 14 hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business _____

12. Name of father Andrew Gippner

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Margaretha Falk

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. Informant Albert Holcomb

(a) Address 2912 Nicholas

17. (a) Burial (Burial, cremation, or removal) Calvary, KC Mo (b) Date thereof 1-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Ketterlin
(b) Address 7657 Independence

19. (a) 1-8-43 (Date received local registrar) (b) M. Dr. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2912 Nicholas (If rural, give location)
(e) If foreign born, how long in U. S. A. 45 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 5 1942 to Jan. 6 1943
that I last saw her alive on Jan. 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 minutes

Due to arterio-sclerosis 3 years

Due to 9402

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) (e) Means of injury _____

23. Signature James Middleton (M. D. or other) 0
Address 224 North Main Date signed 1-7-43

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

Howard J. Roe

Licensed Embalmer No.

2748

P. O. Address

4346 Twest

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 90

On this 13 day of July, 1944, before me appears Albert Holcomb, who, upon his oath, states that the original record of ^{birth} death for Margaret Holcomb ^{died} ~~born~~ 1-6, 1943 in the State of Missouri, and which was filed at K.C. on 1-8, 1943, should be corrected as follows:

Item No. 3 should read Margaret Holcomb

Instead of Sizzil Holcomb

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Walter Holcomb husband
Relationship.

2912 Nicholson
Present Address.

Subscribed and sworn to before me this 13th day of July, 1944

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1140