

FILED FEB 10, 1943

State File No. _____

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 448

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:
5631 Bales Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 22 Years
years, months or days)

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. 5631 Bales Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Merle C. Holmes, Sr.

3. (b) If veteran, name war No 3. (c) Social Security, No. 486-10-5900

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

6. (b) Name of husband or wife Mrs. Ruth Holmes 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September 29 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>3</u>	<u>28</u>	hr. min.

9. Birthplace Strong Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Excello Service

12. Name Washington Holmes

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

14. Maiden name Nettie Adams

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

16. (a) Informant Mrs. Ruth Holmes

(b) Address 5631 Bales Avenue

17. (a) Burial (b) Date thereof Jan. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-28-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
 year 1943 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 26 1943
 to Jan 26 1943
 that I last saw him alive on Jan 26 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxy

Due to 820

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration

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 R. P. Miller (M. D. or other)

Address 1800 A East 31st St. Date signed 1/26/43

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

MOTHER FATHER

1801 A East 31st Street
2-4

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..... *Gertrude M. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address..... *F. C. W.*

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.