

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2880
Registrar's No. 7

FILED FEB 22 1943
Registration District No. 226

Primary Registration District No. 4338

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

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe City
(c) Name of hospital or institution:
300 5th Street
(d) Length of stay: In hospital or institution 4 Years
In this community 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(d) Street No. 300 5th Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Stella Preston Holmes
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 15
year 1943 hour I minute 30P. M.
21. I hereby certify that I attended the deceased from AUGUST 31 1942 to JAN 15 1943
that I last saw her alive on JAN 15 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Race Negro
6. (a) Name of husband or wife Willie Holmes
6. (b) Age of husband or wife if alive D.K. years
7. Birth date of deceased November 10th 1885

Immediate cause of death CEREBRAL HEMMOYHAGE 18HR
Due to ARTERIO-SCLEROSIS 104Y
CHRONIC VALVULAR HEART
Due to DEBASE 54Y

8. AGE: Years 57 Months 2 Days 5
If less than one day hr. min.

9. Birthplace Monroe City Missouri

10. Usual occupation General House Work

11. Industry or business
12. Name Samuel Wheeler
13. Birthplace Marion County Missouri
14. Maiden name Sadie Preston
15. Birthplace Monroe City Missouri

Other conditions 920
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant William Preston
(b) Address Monroe City, Mo
17. (a) Burial (b) Date thereof Jan: 17/43
(c) Place: burial or cremation St. Judes Monroe City

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) Means of injury ✓
23. Signature John H. Ridge (M. D. or other)
Address Monroe City Mo Date signed 1/17/43

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Mo
19. (a) Jan-17-43 (b) Otto Hedberg
(c) (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 2-43-230

Date Filed SEP 10 1943

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 By Me

Registered Apprentice No.

working under my personal supervision.

Signed

Leslie P. Wilson

Licensed Embalmer No. 3014

P. O. Address

Manassas City, Va.

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.