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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6512

State File No.

FILED MAR 8 1943

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell 46
(c) City or town West Plains 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ove Barry Holmes

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased 3/7-1881 (Month) (Day) (Year)

8. AGE: Years 611 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Johnston O. Brimhall
13. Birthplace Unk 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha J. McCammon
15. Birthplace Unk 9 (City, town, or county) (State or foreign country)

16. (a) Informant Madenia O. Holmes
(b) Address West Plains, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 1-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Howell Valley

18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Mo

19. (a) 2-2-43 (Date received local registrar) (b) Clare Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18 year 1943 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Chronic Myocarditis

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.

93d

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

23. Signature John F. Lyneaux (M. D. or other)
Address Mtn Veiw Mo Coroner Date signed 1-18-43

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 343/39
Date Filed 3-5-49

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 D D Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.