

S. No. 2
M-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14395**

MAY 10 1943
Registration District No. **36**

Primary Registration District No. **5500**

Registrar's No. **3**

41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Harrison**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **25 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison**

(c) City or town **Eagleville, Mo.**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country **Union Supt**

3. (a) PRINT FULL NAME **Charles Ernest Holmes**

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

4. Sex **Male** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced, **Married**

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

7. Birth date of deceased **1-17-1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Chas. A. Holmes**

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

14. Maiden name **Mary Bort**

15. Birthplace **Do not know** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora Holmes**

(b) Address **Eagleville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-7-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairview**

18. (a) Signature of funeral director **A. M. Haas**

(b) Address **Bethany, Mo.**

19. (a) **4-13-43** (Date received local registrar) (b) **Chas. A. Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **4** year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **June 1** 1940 to **April 4**, 1943; that I last saw him alive on **April 3**, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis years & Hypertension (Essential)**

Due to: **Arteriosclerosis**

Due to: **Senility**

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury **2**

23. Signature **James B. Hays** (M. D. or other) **J.B.**

Address **Blythedale, Mo.** Date signed **4-10-43**

1122

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.....

L. M. [Signature]

Licensed Embalmer No.....

1078

P. O. Address.....

Bethany [Signature]

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.