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REGISTRATION DISTRICT NO. 55

Primary Registration District No. 5576

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural--Duval Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1, Oronogo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Carthage
(If rural, give location)

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

If yes, name country - - -

3. (a) PRINT FULL NAME Frank Holmes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha S. Holmes

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 30 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 26
If less than one day hr. min.

9. Birthplace Avilla Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Vice-Chairman of

11. Industry or business Jasper County A.C.A.

12. Name Oliver E. Holmes

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

14. Maiden name Eva A. Kessler

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

16. (a) Informant Mrs. Frank D. Holmes

(b) Address Route 1, Carthage, Missouri

17. (a) Burial (b) Date thereof May 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faskin Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) May 30, 1943 Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him did not see him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions 94 a
(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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work at home (Specify type of place)

23. Signature R. W. Hester (M. D. or other)

Address Carthage, Mo. Date signed May 26

48-6-453

OCT 24 1958

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..... *John D. Batchelder*

Licensed Embalmer No. *4653*

P. O. Address..... *Carthage 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.