V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

21631

State File No.

FILED JUL 12 1943

Registration District No. 132 Primary Registration District No. 2001 Registrar's No. 355

49 2 5

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 Wall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: always

2. USUAL RESIDENCE OF DECEASED: 49
(a) State: Missouri (b) County: Jasper 2
(c) City or town: Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 218 Wall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Wm. Grant Holmes
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. (Month) 6 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
79	5	18	hr. min.

9. Birthplace: Rocky Comfort (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER
12. Name: Jim Holmes
13. Birthplace: Rocky Comfort (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: Rebecca Kelley
15. Birthplace: Rocky Comfort (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Marie Wilson
(b) Address: 218 Wall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 6-30-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour 9 minute 15 p. M.
21. I hereby certify that I attended the deceased from June 20, 1941 to June 24, 1943 that I last saw him alive on June 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia —	3 days
Due to: Chr. Nephritis —	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

131 f

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): no
(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: [illegible] (M. D. or other)
Address: Joplin Date signed 6-28-43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-6-845

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Gafis 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.