V. S. No. 2
50M—5-42
Rev. 5-17-39
X3282

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24185

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 209

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

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community 4 Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Adair 3
(c) City or town: Kirksville 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 502 S Bradford (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George Willard Holman
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: Married
6. (b) Name of husband or wife: Lottie Holman
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: May (Month) 5 (Day) 1871 (Year)

8. AGE: Years 72 | Months 2 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace: (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Joseph Holman
13. Birthplace: (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name: Martha Cox
15. Birthplace: (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: Lottie Holman
(b) Address: 502 S Bradford - Kirksville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 1 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Tabor - Hurdland
18. (a) Signature of funeral director: E. E. Hopper
(b) Address: Clarence Mo
19. (a) 8/2/43 (Date received local registrar) (b) Mrs. J. L. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day ~~fifteenth~~ 31 year 1943 hour ten minute 25 A.M.

21. I hereby certify that I attended the deceased from March Fifteenth, 1943, to July 31, 1943, that I last saw him alive on July 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Failure
Due to: Chronic myocarditis
Due to: Arteriosclerosis
Other conditions: None. (Include pregnancy within 3 months of death)
Major findings: Of operations: No operations
Of autopsy: No 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? (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: A. R. Schultz (~~M. D. or other~~) DO
Address: 503 E. Boston Kirksville, Mo. Date signed: 7/3/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1287
Date Filed AUG 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Louis E. Hoffer

Licensed Embalmer No. 4261

P.O. Address Clarence 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.