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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25615

State File No.

Registration District No. 205

Primary Registration District No. 3047

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Salem Bowan Hospital
(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 Missouri (b) County Jasper

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

(d) Street No. 209 1/2 S. Main
(If rural, give location)

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

If yes, name country ..... /

3. (a) PRINT FULL NAME Virgil Holman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. V. Holman 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 21, 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 30 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Housewife

FATHER
12. Name D. M. Roten
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane C Tallaferro
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant J. V. Holman
(b) Address Webb City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo.

19. (a) 6-24-43 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 3 minute 30 P. 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 Died of Chest injuries sustained in automobile accident

Due to .....

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.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 060

(b) Date of occurrence June 20 - 1943

(c) Where did injury occur? McDonald Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway Near Pineville Mo (Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature J. R. Reynolds Coroner (M. D. or other)

Address Neosho Date signed 6-20-43

(Licensed Embalmer's Statement on Reverse Side)

111

Date Received JUL 10 1943
File No. 743-140

JUL 19 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.....

Licensed Embalmer No.....

P. O. Address.....

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.