

State File No. ....

Registrar's No. ....

FILED JUL 21 1943  
Registration District No. 276

Primary Registration District No. 5947

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

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: St James

(c) Name of hospital or institution: Soldiers Home Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yr  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Phelps

(c) City or town: St James  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: Carl Benton Holpe

3. (b) If veteran, name war: World war 3. (c) Social Security No. 488-18-5883

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: divorced

6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: 9 - 8 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
33	10	4		hr. min.

9. Birthplace: Bates Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Rail Road Switchman

11. Industry or business: .....

12. Name: Barnette Holpe

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

14. Maiden name: Sarah E ...  
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Nick Holpe  
(b) Address: St James Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-14-43  
(Month) (Day) (Year)

(c) Place: burial or cremation: Monette Mo

18. (a) Signature of funeral director: W. E. ...  
(b) Address: St James Mo

19. (a) 7-14-1943 (b) Chamber Division  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 7 day: 12  
year: 1943 hour: 4:00 minute: 0 M.

21. I hereby certify that I attended the deceased from Jan - 1943  
19... to July 12 - 1943

that I last saw him alive on July 11  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis -  
Duration: 1 yr

Due to: .....

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings: Of operations: 93A

Of autopsy: .....

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? .....

While at work? (Specify type of place) (e) Means of injury: .....

23. Signature: W. E. ... (M. D. or other)

Address: St James Mo Date signed: 7/13/43

522  
7/21/43

JUL 21 1943

JUL 28 1943

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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 W E Licklider  
Licensed Embalmer No. 1970  
P. O. Address St James Ms

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.