

V. S. No. 2
50M-9441
Rev. 3-1-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28241

FILED SEP 10 1943

State File No. _____

Registration District No. 31E

Primary Registration District No. 2000

Registrar's No. 722

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Seminole

(c) City or town Wewoka
(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 Eva Augusta Holbert

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Emery L. Holbert

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

7. Birth date of deceased February 27, 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER

12. Name Dan Poole

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

14. Maiden name Maudine Sartin

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

16. (a) Informant Mr. Emery L. Holbert

(b) Address Springfield, Missouri

17. (a) Removal (b) Date thereof Sept. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wewoka, Oklahoma

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-1-43 (b) or W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1943 hour _____ minute 50P. M.

21. I hereby certify that I attended the deceased from Aug 30 1943, to Aug 31 1943 that I last saw her alive on Aug 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia type undetermined

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature Robert Ghem (M. D. or other) _____

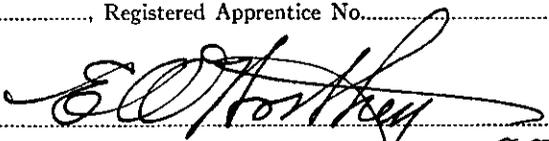
Address Springfield, Mo Date signed 9/31/43

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

SEP 17 1948

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. 1267

P. O. Address. Springfield

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.

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