

V. S. No. 2  
50M-9-4-41  
Rev. 5-17-39  
I X29-04

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28474

FILED SEP 13 1943

Registration District No. 755

Primary Registration District No. 3127

Registrar's No. 71

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

49  
6  
2

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Webb City  
(c) Name of hospital or institution: 1012 Crow Street  
(d) Length of stay: In hospital or institution 10 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(d) Street No. 1012 Crow Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Robert Ezra Holman  
(b) If veteran, name war no data (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 12 year 1943 hour 3:05 minutes A. M.  
21. I hereby certify that I attended the deceased from April 15, 1943, to August 12, 1943, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced, married  
(b) Name of husband or wife Vinnie C. Holman  
6. (c) Age of husband or wife if alive years

Immediate cause of death  
Coronary thrombosis of Pericardium 6 mo

7. Birth date of deceased July 21, 1874  
8. AGE: Years 69 Months -- Days 21

Due to 469  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Laclede County Missouri  
10. Usual occupation School teacher

Major findings: Of operations  
Of autopsy  
PHYSICIAN

MOTHER FATHER

11. Industry or business  
12. Name Edward Holman  
13. Birthplace no data Illinois  
14. Maiden name Emma Warren  
15. Birthplace no data Kentucky

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Vinnie Holman  
(b) Address Webb City, Missouri  
17. (a) burial (b) Date thereof 8/14/43  
(c) Place: burial or cremation Greenlawn Cemetery  
18. (a) Signature of funeral director Hedge-Nelson Funeral Home  
(b) Address Webb City, Missouri  
19. (a) Aug. 14, 1943 (b) Mrs. J. L. Lyle

23. Signature J. M. D. (M. D. or other)  
Address Webb City, Mo Date signed 8-17-43

**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..... *E O Hedgcock* .....

Licensed Embalmer No. *2859* .....

P. O. Address..... *W. R. Hedgcock* .....

**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.