S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13711

Registrar's No. 1962

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3401 St. John /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3401 St. John
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ORRE D. HOLMES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carrie

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 28, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	8	6	hr. min.

9. Birthplace Hastings, Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

FATHER
12. Name Wm. O. Holmes
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Ryerson
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Holmes
(b) Address 3401 St. John

17. (a) Burial (b) Date thereof May 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 5-5-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAY day 4th
year 1944 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from APRIL 30, 1944, to MAY 4, 1944;
that I last saw him alive on MAY 4, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS	5 days
Due to CORONARY SCLEROSIS	Years
Due to GENERALIZED ARTERIOSCLEROSIS	YEARS
Other conditions Right Hemiplegia (Include pregnancy within 3 months of death) ARTERIAL HYPERTENSION	1 year

Major findings:
Of operations
Of autopsy 94a

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 Jesse D. Ensing (M. D. or other) M.D.
Address 1103 Grand Ave Date signed 5-5-44

361 (Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.