

S. No. 2
-8-43
5-17-39
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28304
State File No. _____

FILED SEP 6 1944

Registration District No. 218

Primary Registration District No. 4322

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer ⁶⁵

(c) City or town Princeton
(If outside city or town limits, write "RURAL") ⁰

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

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

If yes, name country _____ ¹

3. (a) PRINT FULL NAME Sanford M. Holmes

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 26 th
year 1944 hour five minute 15 P.M.

21. I hereby certify that I attended the deceased from August
21, 19 44 to Aug. 26, 19 44

that I last saw h. im alive on August 26, 19 44
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Kate Holmes

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 20 1869
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage Duration 5 da.

Due to hypertension 2 yr.

8. AGE: Years Months Days If less than one day

74 11 7 hr. min.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Elijah Holmes

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

14. Maiden name Rebecca Gorby

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

16. (a) Informant Mrs. Nova Smith

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 8-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 8-29-44 (b) Evon Martin
(Date received local registrar) (Registrar's signature)

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 _____ (c) Means of injury _____

23. Signature Byron J. Ostell (M. D. or other) D.O.

Address Princeton, Mo. Date signed 8/28/44

1367

1938 FEB 03 11

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. Luan Martini
Licensed Embalmer No. 3760
P. O. Address Pinceton, 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.