

U. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37098

State File No. _____
Registrar's No. 46

Registration District No. 30 Primary Registration District No. 5105

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Edwards
(c) Name of hospital or institution: At home
(d) Length of stay: In hospital or institution 1
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Benton
(c) City or town Edwards
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Susie L. Holmes
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 4
year 1944 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from 11-1-1944 to 11-4-1944
that I last saw him alive on 10-30-44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward Holmes
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Oct 1 1859

Immediate cause of death Senility
Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 85 Months 1 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Davis Co. Iowa
10. Usual occupation At home

MOTHER FATHER
11. Industry or business _____
12. Name Jesse Spurgin
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
16. (a) Informant Ira Holmes
(b) Address Edwards, Mo.
17. (a) Burial (b) Date thereof 11-6-44
(c) Place: burial or cremation Bethel Camp Ground
18. (a) Signature of funeral director White - Resey
(b) Address Warsaw, Mo.
19. (a) Nov. 7-1944 (b) Jas. A. Logan

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. H. ... (M. D. or other) _____
Address Warsaw, Mo. Date signed 11/4/44

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

800

65

(Licensed Embalmer's Statement on Reverse Side)

DEG JAN 6 2 29 1945

D. No. 11-44-1305
Date Filed 12-2-44

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.....

working under my personal supervision.

Not Embalmed
Signed.....
Licensed Embalmer No.....

P. O. Address.....

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.