

S. No. 2
M-2-43
5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3888

State File No. _____

FILED JAN 25 1946

Registration District No. 316

Primary Registration District No. 6070

Registrar's No. 5

1. PLACE OF DEATH:

(a) County St. Francois

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

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

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

In this community 76
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Cyrus Henderson Holmes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Cora Johnson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 26 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1946 hour 12 P.M. minute 00 M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Jan 7 1946
that I last saw him alive on Jan 6 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 11
If less than one day hr. _____ min. _____

Immediate cause of death Myocarditis -

Due to Chronic Hypertension & Myocarditis

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

Duration 2 wks.

2 yrs.

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

10. Usual occupation Farmer

Major findings: A32

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Henderson Holmes

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

14. Maiden name MARTHA Lucinda Weatherington

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Holmes

(b) Address Farmington, Rural

17. (a) B. (b) Date thereof 1/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Libertyville, Mo.

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

(b) Address Farmington, Mo.

19. (a) Jan. 9, 1946 (b) Ether Redloff
(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? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature Geo. L. Wilton (M. D. or other) _____
Address Farmington, Mo. Date signed 1-8-46

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

1940

RECEIVED

District Health Officer No. 4
District File Number 146-1608
Date Filed 1-23-46

JAN 29 1946

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 Off Cozear
Licensed Embalmer No. 4084
P. O. Address Farmington, 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.