S. No. 2
M—2-43
. 5-17-39
I X35597

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

12492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13586

State File No.

Registration District No. 56 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Derfelt Hospital O
(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 5 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1410½ E. 6th, 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Johnnie Holmes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Minnie Jewel

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

7. Birth date of deceased December (Month) 8 (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
30	2	22	hr. min.

9. Birthplace Mansfield, Louisiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Julius Holmes

13. Birthplace Montgomery (City, town, or county) Louisiana 1 (State or foreign country)

MOTHER

14. Maiden name Tishie Guner

15. Birthplace Manny (City, town, or county) Louisiana 1 (State or foreign country)

16. (a) Informant Minnie Jewel Holmes

(b) Address 1410½ E. 6th, Joplin, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation East Mansfield, La.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 3-5-46 (Date received local registrar) (b) Billie Pearson, D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1946 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Did Not attend to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Internal Bleeding	
Due to Fractured Skull.	
Due to Crushed Chest	
Other conditions (Include pregnancy within 3 months of death) Car skidded Left Road	
Major findings of operation Burned out on E. Byers on Highway 166.	
Date of autopsy	

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) Accident 136

(b) Date of occurrence 3-2-46

(c) Where did injury occur? Clapoker Springs Ky. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Car Turned over

23. Signature H.W. Derfelt (M.D. or other)

Address 2114 Joplin Date signed 3/4/46

(Licensed Embalmer's Statement on Reverse Side)

46-3-293

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.