

FILED MAY 27 1946

Registration District No. 78

Primary Registration District No. 4124

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Kahoka
(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
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark
(c) City or town Kahoka
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nettie Holcomb

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm. J. Holcomb 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 16 - 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 22 If less than one day _____
hs _____ min. _____

9. Birthplace Keokuk Ia.
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeping

11. Industry or business _____

12. Name Wm Wittingham
13. Birthplace Keokuk Ia
(City, town, or county) (State or foreign country)
14. Maiden name E. Wittingham
15. Birthplace Keokuk Ia
(City, town, or county) (State or foreign country)

16. (a) Informant Haly Belle

(b) Address _____

17. (a) Burial (b) Date thereof April 10 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Co

18. (a) Signature of funeral director Wm Wittingham

(b) Address Kahoka Mo

19. (a) 4-29-46 (b) J. H. Bridges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Mar 1, 1946, to April 8, 1946
that I last saw her alive on April 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Due to Arterio Sclerosis
Due to & broken hip

Other conditions (include pregnancy within 3 months of death) Broken hip Jan 1946

Major findings: Of operations _____
Of autopsy _____

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) (a) Means of injury _____

23. Signature Perry S. Boston (M. D. or other) Do
Address Kahoka Mo Date signed 4-9-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

RECEIVED
District Health Officer No. 10
District File Number 5-46-93
Date Filed MAY 23 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 Olis R. Lutting

Licensed Embalmer No. 2965

P. O. Address Perryman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 39

Registration District No. 70

Primary Registration District No. 412x

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Kahoka
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Nettie Halcomb
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Aug 16 1894
(Month) (Day) (Year)
8. AGE: Years 90 Months _____ Days _____ If less than one day _____ hr. 7 min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 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 _____
Due to _____
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Jan 6, 1945
(c) Where did injury occur? Kahoka Clark Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
While at work? no (Specify type of place) (e) Means of injury fall
23. Signature Perry J. Barton (M. D. or other) Do
Address Kahoka Mo Date signed 6-7-46

SUPPLEMENTARY

UNCL-USE UNFADING BLACK INK-MAKE A PERMANENT RECORD

10047