S. No. 2
DM—5-43
v. 5-17-39
o 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27172

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3514

**1. PLACE OF DEATH:**

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 3 months

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: 1523 Lydia Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 8

If yes, name country:

3. (a) PRINT FULL NAME: VERALYN JEANETTE HOLMES

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female 3

5. Color or race: Negro

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

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: May (Month) 7 (Day) 1946 (Year)

8. AGE: Years | Months: 3 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Frank E. Holmes

13. Birthplace: Little Rock (City, town, or county) Arkansas (State or foreign country)

14. Maiden name: Bernice West

15. Birthplace: Mansfield (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant: Bernice-West Holmes

(b) Address: 1523 Lydia, VI. 9447

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/15/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Gatewood Bros

(b) Address: 1729 Lydia Avenue

19. (a) 8-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 13 year 1946 hour 12: minute 40 a. M.

21. I hereby certify that I attended the deceased from August 10, 1946 to August 13, 1946; that I last saw her alive on August 13, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Status ~~Thymo~~lymphaticus (THYMICO) | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 64 | |

Major findings:
Of operations:
Of autopsy: THYMICO Status ~~Thymo~~lymphaticus

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):

(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? (e) Means of injury: 17

23. Signature: [illegible] (M. D. or other) M.D.

Address: 600 E. 22nd St. Date signed 8/14/46

(Licensed Embalmer's Statement on Reverse Side)

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

26043

## 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.....J. Jerome Manlove

Licensed Embalmer No.....3994

P. O. Address.....2503 Highland

**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.**