No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36537

Registration District No. 99 Primary Registration District No. 4167 Registrar's No. 74

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Amity (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home (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 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Amity (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 WALTER LOVELL HOLMES
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race white | 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 16 (Day) 1873 (Year)

8. AGE: Years 73 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace (City, town, or county) Mass. (State or foreign country)
10. Usual occupation Paper hanger.
11. Industry or business
12. FATHER Name Thomas Holmes.
13. Birthplace (City, town, or county) Conn. (State or foreign country)
14. MOTHER Maiden name Eliza Moore.
15. Birthplace (City, town, or county) Mass. (State or foreign country)
16. (a) Informant Lucile Moore.
(b) Address Amity Mo
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Amity Cem
18. (a) Signature of funeral director John Brann
(b) Address Maysville Mo
19. (a) 11-25-46 (Date received local registrar) (b) Lon Davison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1946 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 1, 1946 to Nov. 17, 1946
that I last saw him alive on Nov 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
apoplexy	
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)
(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

23. Signature W. S. Hale (M. D. or other)
Address Osborn Mo Date signed 11/18/46

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John G Brown

Licensed Embalmer No. 3933

P. O. Address Maysville Mo

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

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