

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 18 1946**  
Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 37578  
Registrar's No. 123

Primary Registration District No. 3036

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

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Aurora Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 11 Months  
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Marionville  
(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 Erminnie Holmes  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 5  
year 1946 hour 12:20 minute P M.  
21. I hereby certify that I attended the deceased from October 28  
1946 to Nov 5 1946  
that I last saw h. alive on Nov. 6 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married; divorced. Widowed  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
Frank Holmes April 13 1860  
(Month) (Day) (Year)

Immediate cause of death  
Fracture - Hip - Right  
and fracture R. femur  
Due to Trauma  
Duration 8 days

8. AGE: Years Months Days If less than one day  
80 6 23 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
1818  
Major findings:  
Of operations Closed Reduction of fracture of femur  
Of autopsy inst.

9. Birthplace Townville Penn.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business.....

22. If death was due to external causes, specify 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.....

MOTHER FATHER  
12. Name Lon Barton  
13. Birthplace ? Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret McFadden  
15. Birthplace ? Penn.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
**SUPPLEMENTAL INFORMATION REQUESTED**

16. (a) Informant Mrs Eunice Green  
(b) Address Marionville Mo.  
17. (a) Burial (b) Date thereof 11/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marionville Mo.  
18. (a) Signature of funeral director J. B. Burridge  
(b) Address Marionville Mo.  
19. (a) Nov. 4, 1946 (b) Dr. W. M. Nell  
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Burridge (or other) 3rd  
Address Marionville, Mo. Date signed 11/5/46

District Health Officer No. 6,  
District File Number 1146-1129  
Date Filed NOV 12 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.....

*Ferman Burridge*

Licensed Embalmer No. 3072

P.O. Address Marionville 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.**

Registration District No. 171 Primary Registration District No. 2037

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Amoria  
(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  
In this community years, months or days)

3. (a) PRINT FULL NAME Ermennie Holmes  
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 wid

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

7. Birth date of deceased April 13 1906  
(Month) (Day) (Year)

8. AGE: Years 40 Months Days If less than one day hr. 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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation

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

19. (a) (Date received local registrar) (b) (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 October Day 28 Year 1946 hour 10 minute 15 M.  
21. I hereby certify that I attended the deceased from 10 to 19 ;  
that I last saw h. 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)

PHYSICIAN

Major findings:  
Of operations  
Of autopsy

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 October 28 - 1946  
(c) Where did injury occur? Marionville Lawrence Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Nigelton Bear Home  
(Specify type of place)  
While at work? (e) Means of injury Fall  
23. Signature Kenneth P. Kelley (M. D. or other) M.D.  
Address: 517 N. Mc Jell Ave Date signed 11-2-47  
Lawrence Mo.

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

SUPPLEMENTARY

MOTHER FATHER

37574