. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39452

State File No.

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 66

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1/2

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

(d) Street No. Ozark township
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Thomas Walter Holcomb

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lela Reed Holcomb

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

7. Birth date of deceased March - 6 - 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	1	x hr. x min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Thomas J. Holcomb
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carolyn Redmon
15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Linder (daughter)

(b) Address Marshfield, Missouri

17. (a) Removal (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsville, Illinois

18. (a) Signature of funeral director Rex Ramey Marshfield, Mo.

(b) Address

19. (a) 11/23/46 (b) J. G. McKinney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1946 hour 4 minute 30 p.M.

21. I hereby certify that I attended the deceased from August, 1946, to Nov. 7, 1946; that I last saw him alive on Nov. 4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial Insufficiency (Probably due to Infarct)	Few Minutes
Due to Myocarditis Chronic - (Non Specific)	Several Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
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) No

(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 C. P. Macdonnell (M. D. or other) M.D.

Address Marshfield, Mo. Date signed 11/8/46

344 (Licensed Embalmer's Statement on Reverse Side)

FEB 24 1947

RECEIVED
District Health Officer No. 6,
District File Number 1146-1170
Date Filed NOV 29 1946

5,39

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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.