

S. No. 2
1-8-43
5-17-39
K1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39674
State File No. _____
Registrar's No. 1384

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Flanagan Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community 30 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway
(c) City or town Maryville Mo
(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 James Frances Holbrook
(b) If veteran, name war no 3. (c) Social Security No. no
4. Sex M. race W 5. Color of W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ida Holbrook 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Mar 19 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 15
year 1946 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct. 3,
1946, to Dec. 7, 1946
that I last saw him alive on 12/7/46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 9 26 hr. min.
9. Birthplace Page Co. Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Brick Mason

Immediate cause of death
Parkinsonia 's disease Duration 18 mo.
Due to Arterial Sclerosis 10 yrs
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER
11. Industry or business _____
12. Name Granville Holbrook
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Susan Davison
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: 87C
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Perry Holbrook
(b) Address Maryville Mo
17. (a) Burial (b) Date thereof 12/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Braddyville Iowa
Prize General Home
18. (a) Signature of funeral director _____
(b) Address Maryville Mo
19. (a) 12-16-46 (b) B. A. Jenkins
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury _____
23. Signature E. H. Werner (M. Doctor)
Address 221 Kirkpatrick Bldg. Date signed 12/15/46
St. Joseph, Mo.

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

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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 W. Price*

Licensed Embalmer No. *4281*

P. O. Address: *Maryville 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.