

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1144  
Registrar's No. 66

Registration District No. 149

Primary Registration District No. 1002

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 16 DAYS  
(Specify whether  
In this community 30 YRS.  
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH HOLMES  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Woodie Holmes  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased SEPTEMBER 22, 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace MOBERLY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER  
12. Name HENRY GREEN  
13. Birthplace TEXAS  
(City, town, or county) (State or foreign country)  
14. Maiden name MINNIE THOMAS  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPHINE SMITH (SISTER)  
(b) Address 2223 MICHGAN

17. (a) Burial (b) Date thereof 1/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter Ross  
(b) Address 1729 Franklin Ave

19. (a) 1-7-47 (b) Elizabeth Holmes  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2223 MICHIGAN  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 5,  
year 1947 hour 11: minute 10 A. M.  
21. I hereby certify that I attended the deceased from DECEMBER  
20, 1946, to JANUARY 5, 1947  
that I last saw h. ER alive on JANUARY 5, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA  
PYO-HYDRONEPHOSIS  
PYO-HYDROURETERS  
PURULENT CYSTITIS  
STRICTURE OF URETHRA (ETIOLOGY  
UNDETERMINED)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 1330  
Of operations  
Of autopsy SAME AS ABOVE  
Duration  
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?

23. Signature Frank [Signature] (M. D. or other) M. D.  
Address GENERAL HOSPITAL NO. 2 Date signed 1/6/47  
While at work? (Specify type of place) (c) Means of injury

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

---

---

**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 Franlove  
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.**