

FILED, MAR 5 1947  
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Southeast Missouri D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 days  
In this community 60 days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Selbourn  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD PRICE HOLMES

(b) If veteran, name war  (c) Social Security No.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Hattie Lane Holmes  
(c) Age of husband or wife if alive 76 years  
7. Birth date of deceased June 17, 1867  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Princeton Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Holmes  
13. Birthplace Ky  
14. Maiden name Minerva Cline  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant H. Holmes

(b) Address Burial Parsons Kansas

17. (a) Bridgman (b) Date thereof Feb 15 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryant Cemetery

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

19. (a) 2-25-1947 (b) C. S. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 12th  
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-3 1947 to 2-12 1947  
that I last saw him alive on 2-12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition - Malnutrition Duration 1 yr.  
Due to Pneumonia 1 yr.  
Due to Pneumonia 1 yr.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations none  
Of autopsy none  
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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury 0

23. Signature Frank Hall, M.D. (M.D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo Date signed 2-21-47

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

RECEIVED

Health Officer No. 4

File Number 347-315

3-4-47

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 *Gene C. Crawford*

Licensed Embalmer No. 4327

P. O. Address Jackson, Miss.

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.