

FILED SEP 15 1947

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 720

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
1009 Cherry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 Cherry Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

IMOGENE LAKE HOLMES

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Delevan Holmes 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased August 20, 1874
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Carbondale, Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Makeing

12. Name Delbert Lake

13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda (unknown)

15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Holmes Lawler (dau)

(b) Address 1009 Cherry Street, City

17. (a) Removal (b) Date thereof Aug 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-22-47 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16, year 1947 hour 11: minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 24, 1947, to July 10, 1947;

that I last saw h. or alive on July 10, 1947;

and that death occurred on the date and hour stated above.
Immediate cause of death Epithelioma of the face Duration 13 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 53

Major findings: Of operations _____

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 ✓

23. Signature Leslie B. Wells (M. D. or other) _____

Address 700 Laurel Arts Bldg. Date signed 3/22/47

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

MOTHER FATHER

SEP 27 1967

NOV 1967

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.....

Lee Mason
working under my personal supervision.

Registered Apprentice No. *477*

Signed *Jewell E. Mudd*

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.