

No. 2
2-45
17-39
X47070

FILED OCT 31 1947

State File No. _____

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 244

1. PLACE OF DEATH:

(a) County Dunklin 707 Baldwin St
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 26 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 707 Baldwin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Jane Holmes

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

4. Sex F 5. Color or race W
6. (b) Name of husband or wife Robert Holmes 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb 22 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry James
13. Birthplace Collins Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fannie C James
15. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ersie Holmes
(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof 10-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dak. Ridge Cem

18. (a) Signature of funeral director Herb Funeral Home

(b) Address Kennett, Mo.

19. (a) 10-27-1947 (b) Carl H. Hubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1947 hour 11 minute 10 AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature Walter C Hubert Coroner
Address Kennett, Mo. Date signed 10-27-47

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

RECEIVED
District Health Office No. 2,
District File Number 1048-140
Date Filed 10-30-41

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 Walter A. Hopkins
Licensed Embalmer No. 2002
P. O. Address. Ken nett 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.