No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1948

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42556

Primary Registration District No. 5909

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Rural Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Lee Holman

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. M. Holman

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January (Month) 28, (Day) 1882 (Year)

8. AGE: Years 65 | Months 10 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Crockett, Co., (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation House-wife

11. Industry or business X

FATHER
12. Name John Patrick
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Booth
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. M. Holman

(b) Address Caruthersville, Mo. R.R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/47 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H.S.Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 12/30/47 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dedember day 17, year 1947 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1947, to Dec 17, 1947; that I last saw her alive on Nov 6, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 10 days

Due to Chronic Nephritis unknown

Due to .....

Other conditions Fracture Lt Femur
(Include pregnancy within 3 months of death) one month ago

Major findings:
Of operations None done

Of autopsy None done

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address Caruthersville Mo. Date signed 12/19/47

(Licensed Embalmer's Statement on Reverse Side)

1-48-3

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 William D. Pike, Registered Apprentice No. 440, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan 91

Registration District No. 270 Primary Registration District No. 5-909 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Rural
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Lee Helman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased: Jan. (Month) 28 (Day) (Year)
8. AGE: Years 65 Months 10 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name
13. FATHER Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. MOTHER Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Year 1947 hour minute M.
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 — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence Jan 19, 1947, fell from Porch on Farm Home
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

42556