. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1657

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 474 days (Specify whether
In this community 474 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Missouri (b) County Lawrence

(c) City or town Mt. Vernon 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME James Claiborn Holcomb

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Pauline Holcomb

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased ~~33x~~ March 31, 1914
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	9	8	hr. min.

9. Birthplace Monette (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Hosp. Laboratory Technician

11. Industry or business Hospital

FATHER
12. Name George Lee Holcomb
13. Birthplace Unknown (City, town, or county) Georgia (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Jamesboro Ark (Burial, cremation, or removal) (b) Date thereof Jany 8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould Ark

18. (a) Signature of funeral director Geo B Orr
(b) Address Mt Vernon Mo

19. (a) 1-8-48 (Date received local registrar) (b) C R Philbrick (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th year 1948 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Sept. 21, 1946 to Jan 8, 1948 that I last saw him alive on Jan 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory insufficiency	abt 2 wks
Due to: Pulmonary Tuberculosis	abt 18 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature Y. F. Fujikawa (M. D. or other) MD
Y. F. Fujikawa, M.D.
Address Mount Vernon, Mo Date signed 1-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 148-106
Date Filed JAN 17 1948

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 George D. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.