V. S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8420

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 231

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 1201 S. Pickwick (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 57 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39 2
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1201 S. Pickwick (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Burke Holbrook
3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jean Holbrook
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 8 (Day) 1881 (Year)

8. AGE: Years 66 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Missouri Valley (City, town, or county) Iowa (State or foreign country)
10. Usual occupation President General Warehouse
11. Industry or business
FATHER
12. Name Marcellus Holbrook
13. Birthplace (City, town, or county) Pa. (State or foreign country)
MOTHER
14. Maiden name Ellen Berkey
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Jean Holbrook
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-15-48 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1948 hour 12 minute 45 p. M.
21. I hereby certify that I attended the deceased from 11-2-44, 19, to 3-15, 1948 that I last saw him alive on 3-15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	5 Min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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
23. Signature H.P. Maddux (M.D. or other)
Address Springfield, Mo Date signed 3/15/48

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

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 E. Hamilton

Licensed Embalmer No. 3808

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.