FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 9468

Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: California, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Hickory County County: Missouri
(c) City or town: California (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: MORSE JASPER HOLMES
3. (b) If veteran, name war:
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:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 15, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	1	hr. min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Blacksmith
11. Industry or business:
FATHER
12. Name: Byron Holmes
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Zickefoose
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: E. J. Holmes
(b) Address: Tulsa, Okla.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ness City, Kans.
18. (a) Signature of funeral director: Williams Funeral Home
(b) Address: California, Mo.
19. (a) 3-16-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 16 year: 1948 hour: 11 minute: 55 a.m.
21. I hereby certify that I attended the deceased from Mar 14, 1948, to Mar 16, 1948, that I last saw him alive on Mar 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary heart disease (Thrombosis)	2 weeks
Due to: Not known	
Due to: —	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: none
Of autopsy: none

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: L. L. Latham (M. D. or other)
Address: California, Mo. Date signed: 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number APR 5 1948
Date Filed

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 W E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.

o. 2B
-5-43
X36930

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. April

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(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 DEECEASED:
(a) State Mo (b) County Hickory
(c) City or town California Mo R
(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 Mone J. Helmen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
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 Feb 15 1883 (Month) (Day) (Year)
8. AGE: Years 65 Months Days Unless than one day hr. min.
9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. 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 March 16 year 1948 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.

	Duration
Immediate cause of death	
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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-9466