S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18609

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 118

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 5, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia (rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 5 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOE-L RICHARD HOLMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Child 0

6. (b) Name of husband or wife ********** 6. (c) Age of husband or wife if alive ***years

7. Birth date of deceased February 22, 1935
(Month) (Day) (Year)

8. AGE: Years 13 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Pettis County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business ****

FATHER
12. Name Roy R. Holman 0
13. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruby May Grimes
15. Birthplace Pettis County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Roy R. Holman (father)
(b) Address Rt. 5, Sedalia, Mo.

17. (a) Burial (b) Date thereof 4/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri

19. (a) 4/22/48 (b) Betty Yeager Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20,
year 1948 hour 11:20 minute P.M.

21. I hereby certify that I attended the deceased from 7)'clock P/M/ April 20, 1948, to Midnight. 4-20-48.
that I last saw him alive on April,20,1948 P/M/19
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura, fulminans. Hours. (6)
fulminans

Due to Blood dyscrasia,not identified.

Due to xxx

Other conditions xxx
(Include pregnancy within 3 months of death)
xxx

Major findings:
Of operations No operation. 720
xxx
Of autopsy None held.
xxx

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) No accident.
(b) Date of occurrence xxx
(c) Where did injury occur? xxx
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury.
(Specify type of place)
While at work? xxx (e) Means of injury xxx 0

23. Signature C. B. Trader M.D. xxxxx M.D.
Address Sedalia,Mo.April 1,21,1948 Date signed 4/21/48

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

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-5-48

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 Warren K. Dietz Registered Apprentice No. 70 working under my personal supervision.

Signed Duane Ewing
Licensed Embalmer No. 3847
P. O. Address Sedalia 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.