

Registration District No. **290**

Primary Registration District No. **4227**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **No**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **All Life**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Holcomb**

3. (b) If veteran, name war **World War II**
3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **13** years

7. Birth date of deceased **October 13 1948**
(Month) (Day) (Year)

8. AGE: Years **23** Months **6** Days **6**
If less than one day hr. min.

9. Birthplace **Edensville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **James Holcomb**

13. Birthplace **Texas County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Belle Jascerowski**
(City, town, or county) (State or foreign country)

15. Birthplace **Phelps County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Holcomb**

(b) Address **Palace, Missouri**

17. (a) **burial** (b) Date thereof **April 22, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **O'Maley**

18. (a) Signature of funeral director **Walter P. Hedges**

(b) Address **Iberia, Missouri**

19. (a) **May 3, 1948** (b) **Helma B. Buckhause**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Waynesville**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No**
(Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**
1948 year hour **5** minute **PM**

21. I hereby certify that I attended the deceased from **April 17**
1948 to **April 19** **1948**
that I last saw **him** alive on **April 19** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration

Due to **Coronary Thrombosis**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **CH/A**

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **R.O. DeWitt** (M. D. or other) **D.O.**

Address **Waynesville, Mo** Date signed **4-26-48**

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

85
0
0

JUN 12 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 *Walter P. Hedgus*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.