DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22837

Registration District No. 128 | Primary Registration District No. 2011 | Registrar's No. 652

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: 616 N. Weaver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 616 No Weaver
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Isabelle Holmes
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Joe Holmes
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 23 (Day) 1866 (Year)

8. AGE: Years 81 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Laundress
11. Industry or business: John Parker
FATHER
12. Name: John Parker
13. Birthplace: (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) " " (State or foreign country)
16. (a) Informant: Marguerite Sappington
(b) Address: 1310 N. Weaver
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Hazlewood Cem.
18. (a) Signature of funeral director: H. P. Campbell
(b) Address: 705 N Washington
19. (a) 8-5-48 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 4 year: 1948 hour: 3 minute: 22 P.M.
21. I hereby certify that I attended the deceased from: Dec. 10, 1946, to: Aug 4, 1948; that I last saw her alive on: July 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Insufficiency — Duration

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: 0

23. Signature: Lyman W. Brown (M. D. or other)
Address: 311½ Boonville Date signed: Aug 5, 1948

(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. W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.